

P96000023774

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

500001747245
-03/18/96--01079--001
*****122.50 *****122.50

SUBJECT: ESIPION LLERENA INC
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: ESIPION LLERENA.
Name (printed or typed)

6914 W HANNA AVE
Address

TAMPA, FL 33684
City, State & Zip

Daytime Telephone number

Will wait

96 MAR 18 AM 10:03

SECRET
DIVISION OF CORPORATIONS
STATE

NOTE: Please provide the original and one copy of the articles.

*Doc
3-18-96*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR 18 AM 10:03

ARTICLES OF INCCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: **ESIPION LLERENA INC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**6914 W. HANNA AVE
TAMPA, FL 33634**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **1**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: **ESIPION LLERENA**

**6914 W. HANNA AVE
TAMPA, FLA 33634**

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

6914 W. HANNA AVE
TAMPA, FLA. 33634
ESIPION LLERENA

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

18th day of MARCH, 19 96.

Esipion Llerena
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

RECEIVED
DIVISION OF STATE
CORPORATIONS
MAR 10 AM 10:03

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

ESIPION LLERENA INC.

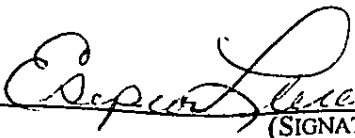
2. The name and address of the registered agent and office is:

ESIPION LLERENA
(NAME)

6914 W. MANNA AVE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

TAMPA, FLA 33634
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

3-18-94
(DATE)