

P97000060677

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUL 11 AM 9:16

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

SUBJECT: ES SERVICES, INC.

(Proposed corporate name - must include suffix)

600002235696--2
-07/11/97--01043--002
*****78.75 *****78.75

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: Eduardo Sotolongo

Name (Printed or typed)

445 S.W. 27th Road

Address

Miami Florida 33129

City, State & Zip

(305) 856-2120

Daytime Telephone number

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

D. BROWN JUL 14 1997

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be E S Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
445 S.W. 27th Road, Miami, Florida 33129

ARTICLE III SHARES

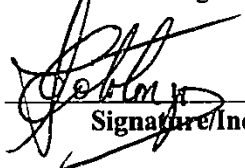
The number of shares the corporation is authorized to issue is 1000 (one thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:
Eduardo Sotolongo 445 S.W. 27th Road, Miami, Florida 33129

ARTICLE V INCORPORATOR

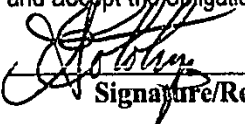
The name and Address of the incorporator to these Articles of Incorporation are:
Eduardo Sotolongo 445 S.W. 27th Road, Miami, Florida 33129

x 

Signature/Incorporator

7-1-97
Date

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

x 

Signature/Registered Agent

7-1-97
Date

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