# P05000011689

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ZOOS JAN 18 P 1: 50 SECRETARY OF STATE

# TRANSMITTAL LETTER

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

SUBJECT:	E-5 SERVICES, INC.						
<del></del> -	(Proposed corporate name - must include suffix)						
`							
		·					
		•					
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for :				
\$70.00	<b>\$78.75</b>	<b>\$122.50</b>	<b>\$131.25</b>				
Filing Fee	Filing Fee	Filing Fee	Filing Fee,				
1 mmg 1 00	& Certificate	& Certified Copy	•				
			& Certificate				
		ADDITIONAL CO	PY REQUIRED				
FROM:	STEVEN M.	ERICSON					
FROM: $STEVEN M. ERICSON$ Name (Printed or typed)							
		RMA DR.					
	Address						
BOYNTON Beach, F/ 33437 City, State & Zip							
	City, State & Zip						
	561	-441-5149					
-	Daytime Te	lephone number	<del></del>				

# 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.

ART	ICLE	ľ	NA	ME
		-	4 14 1	-

The name of the corporation shall be:

E-5 Services, INC.

ARTICLE II PRINCIPAL OFFICE

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

9196 CARMA DR.. BOYNTON BEACH, F1 33437



## ARTICLE III SHARES

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

-1,000-

# <u>INITIAL REGISTERED AGENT AND STREET ADDRESS</u> ARTICLE IV

The name and Florida street address of the initial registered agent are:

STEVEN M. ERICSON

9196 CARMA DR. BOYNTON BEACH. FL 33437

# INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

STEVEN M. ERICSON 9196 CARMA DR.

BOYNTON BEACH, F133437

ignature/incorporator

(An additional article must be added if an effective date is requested.)

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/Registered Agent