

P21000081008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

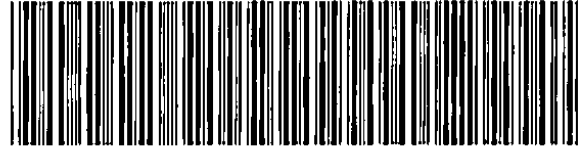
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 SEP 14 AM 10:45
TALLAHASSEE, FLORIDA

09/15/21 10:00:01

2021 SEP 14 PM 4:58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 9/14 DANNY

CERTIFIED COPY _____

XX PHOTOCOPY _____

CUS _____

XX FILING INC _____

1. **EPIC MERCHANT SERVICES 2, INC**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Epic Merchant Services 2, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5934 Premier Way, Unit 2116

Naples, FL 34109

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: transacting any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 09-14-2011 BY 60322
AM 10:45

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Doreen McGuire, DPST

Address: 5934 Premier Way, Unit 2116
Naples, FL 34109

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Jeff Novatt, Esq.
Address: 1415 Panther Lane, Suite 432
Naples, FL 34109

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jeff Novatt, Esq.
Address: 1415 Panther Lane, Suite 432
Naples, FL 34109

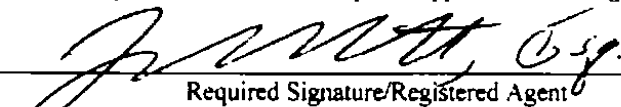
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Required Signature/Registered Agent

09/14/2021
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

09/14/2021
Date