

P21000007665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

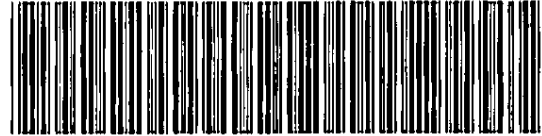
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**CORPORATE
ACCESS,
INC.**

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: 01/26/2021

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS _____
- FILING ARTICLES _____

1. EAGLE EYE INSPECTION 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 Eagle Eye Detection Services, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1120 Gretchen Avenue South
Lehigh Acres, FL 33973

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to perform environmental testing and inspections for microbial growth in homes

ARTICLE IV SHARES

The number of shares of stock is: 50

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTHONY LOPEZ, PRESIDENT
Address: 1120 GRETCHEN AVENUE
SOUTH LEHIGH ACRES, FL
33973

Name and Title: ANTHONY THOMAS LOPEZ, VICE PRESIDENT
Address: PO BOX 135
LEHIGH ACRES, FL
33970

Name and Title: JENNIFER FINLEY, SECRETARY
Address: 1120 GRETCHEN AVENUE
SOUTH LEHIGH ACRES, FL
33973

Name and Title: BRIANNE BAKER, TREASURER
Address: 321 WAGON DRIVE
WEST SALEM, WI
54669

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: Registered Agent Solutions, Inc.

Address: 155 Office Plaza Dr. Suite A
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Anthony Lopez

Address: 1120 Gretchen Avenue South
Lehigh Acres, FL 33973

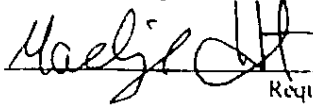
ARTICLE VIII EFFECTIVE DATE:

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



Mackenzie Hart, Asst. Secretary

Required Signature/Registered Agent

01/20/2021

Date

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

By: Anthony Lopez A.R.

Required Signature Incorporator

January 20, 2021
Date