

FD0000005595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

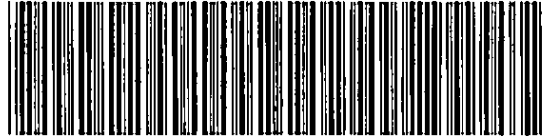
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ETA DEVELOPMENT INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TANJA MCCOY

Name of Person

ETA DEVELOPMENT INC

Firm/Company

2295 STONEBRIDGE DR

Address

ORANGE PARK, FLORIDA 32065

City/State and Zip code

TANJA@ETADEV.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TANJA MCCOY

at ( 216 ) 215-0919

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

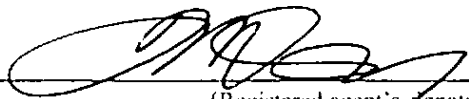
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. ETA DEVELOPMENT INC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- ETA DEVELOPMENT 3D INC  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. OHIO 3. 27-3468601  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. SEPTEMBER 17, 2010 5. PERPETUAL  
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2295 STONEBRIDGE DR  
(Principal office street address)
- SAME AS ABOVE  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: TANJA MCCOY
- Office Address: 2295 STONEBRIDGE DR
- ORANGE PARK, Florida 32065  
(City) (Zip code)

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: TANJA MCCOY  
☐ Vice Chairman Address: 2295 STONEBRIDGE DR  
☐ Director ORANGE PARK FL 32065  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: EDMUND AMMONS  
☐ Vice Chairman Address: 1080 WYLEY AVE  
☐ Director AKRON OHIO 44306  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

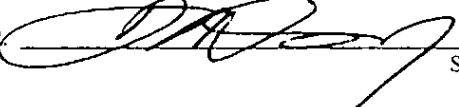
☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. TANJA MCCOY, PRESIDENT  
(Typed or printed name and capacity of person signing application)



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/21/2010	201026301389	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00		.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

TANJA MCCOY  
1187 BELLOWS  
AKRON, OH 44301

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1964163

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**ETA DEVELOPMENT INC**

and, that said business records show the filing and recording of:

Document(s)

**DOMESTIC ARTICLES/FOR PROFIT**

Document No(s):

**201026301389**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 17th day of September,  
A.D. 2010.

Ohio Secretary of State



Prescribed by:

Ohio Secretary of State  
 Central Ohio: (614) 466-3910  
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us  
 e-mail: busserv@sos.state.oh.us

Expedite this Form: (Priority Check)	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 <small>Requires an additional fee of \$100</small>
<input checked="" type="radio"/> No	PO Box 670 Columbus, OH 43216

**INITIAL ARTICLES OF INCORPORATION**

(For Domestic Profit or Nonprofit)

Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) <input checked="" type="checkbox"/> Articles of Incorporation Profit (113-ARF) ORC 1701	(2) <input type="checkbox"/> Articles of Incorporation Nonprofit (114-ARN) ORC 1702	(3) <input type="checkbox"/> Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
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Complete the general information in this section for the box checked above.

FIRST: Name of Corporation	ETA DEVELOPMENT INC	
SECOND: Location	AKRON <small>(City)</small>	SUMMIT <small>(County)</small>
Effective Date (Optional) <small>(mm/dd/yyyy)</small>	Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.	
<input type="checkbox"/> Check here if additional provisions are attached		

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

THIRD: Purpose for which corporation is formed
THIS CORPORATION IS BEING FORM TO ENGAGE IN THE DEVELOPMENT, CONSTRUCTION, AND DEMOLITION OF REAL PROPERTY.

Complete the information in this section if box (1) or (3) is checked.

FOURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any)	100 <small>(No. of Shares)</small>	COMMON <small>(Type)</small>	\$25.00 <small>(Par Value)</small>
(Refer to instructions if needed)			

Completing the information in this section is optional


FIFTH: The following are the names and addresses of the individuals who are to serve as initial Directors.

TANJA MCCOY  
(Name)  
1187 BELLOWS  
(Street)  
NOTE: P.O. Box Addresses are NOT acceptable.  
AKRON OHIO 44301  
(City) (State) (Zip Code)

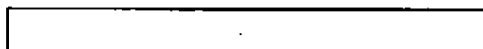
(Name)  
(Street)  
NOTE: P.O. Box Addresses are NOT acceptable.  
(City) (State) (Zip Code)

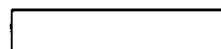
(Name)  
(Street)  
NOTE: P.O. Box Addresses are NOT acceptable.  
(City) (State) (Zip Code)

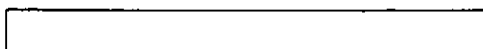
REQUIRED  
Must be authenticated  
(signed) by an authorized  
representative  
(See Instructions)

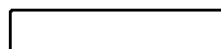
  
Authorized Representative  
TANJA MCCOY, PRESIDENT  
(print name)

09/16/2010  
Date

  
Authorized Representative  
(print name)

  
Date

  
Authorized Representative  
(print name)

  
Date

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ETA DEVELOPMENT INC. an Ohio corporation, Charter No. 1964163, having its principal location in Akron, County of Summit, was incorporated on September 17, 2010 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 30th day of November, A.D.  
2020.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202033504600