

L236000617015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

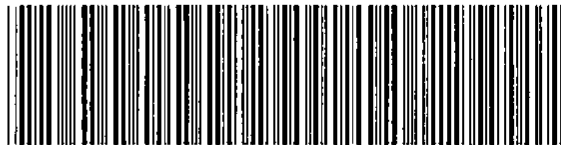
(Document Number)

and Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300400112463

S. CHATHAM
JAN 17 2023

600400112463
JAN 17 2023



600400112463
JAN 17 2023

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$78.75

AUTHORIZATION: 
EDA SERVICES INC.

Business Name

Document Number, (if known):

☐ Walk in

☐ Pick up time ☐

☐ Mail out

☐ Will wait ☐ Photocopy

☒ **Certified Copy of Articles of Incorporation**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☒ **CORP**

☐ **PLLC**

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution

☐ Merger

☐ Conversion

☐ Amended and restated Articles

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL()☐

Country

☐ Other

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

MINIER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2023

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: EDA SERVICES INC.
Ref. Number: W23000003813

We have received your document for EDA SERVICES INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 223A00000919

RECEIVED
2023 JAN 13 PM 3 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: EDA PRO SERVICES INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: TANYA MERSHON

Name (Printed or typed)

37 N ORANGE AVE SUITE 500

Address

ORLANDO, FL 32801

City, State & Zip

407-942-7215

Daytime Telephone number

edaservicesfl@gmail.com

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

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

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: EDA PRO SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

37 N ORANGE AVE SUITE 500

ORLANDO, FL 32801

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TANYA MERSHON - PSD

Name and Title: _____

Address

37 N ORANGE AVE

Address: _____

SUITE 500

ORLANDO, FL 32801

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

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: TANYA MERSHON

Address: 37 N ORANGE AVE SUITE 500

ORLANDO, FL 32801

ARTICLE VII INCORPORATOR

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

Name: TANYA MERSHON

Address: 37 N ORANGE AVE SUITE 500

ORLANDO, FL 32801

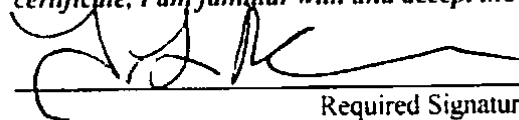
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/12/2023 (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.

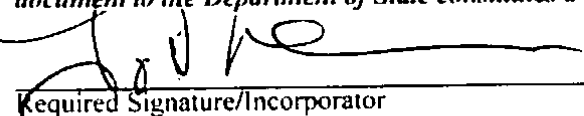
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

1/13/23
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.



Required Signature/Incorporator

1/13/23
Date