

N 13000001573

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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W13000005897



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB 15 PM 2:38

2/18/13

COVER LETTER

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

SUBJECT: Eco Agro Trails Inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Ori Baber

Name (Printed or typed)

729 NW 10th Ave

Address

Gainesville, FL, 32601

City, State & Zip

(772) 285-2214

Daytime Telephone number

ecoagrotrails@gmail.com

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

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

13 FEB 15 PM 2:38
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2013

ORI BABER
729 NW 10TH AVENUE
GAINESVILLE, FL 32601

SUBJECT: ECO AGRO TRAILS INC
Ref. Number: W13000005897

RECEIVED
13 FEB 15 AM 10:34

We have received your document for ECO AGRO TRAILS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 013A00002349

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DIVISION OF CORPORATIONS
13 FEB 15 PM 2:38

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 FEB 15 PM 2:38

ARTICLE I NAME

The name of the corporation shall be: ELO AGRO TRAILS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

729 NW 10TH AVE

GAINESVILLE FL 32601

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THIS CORPORATION IS A NONPROFIT PUBLIC

BENEFIT CORPORATION + IS NOT ORGANIZED FOR THE PRIVATE GAIN OF ANY PERSON.

IT IS ORGANIZED UNDER THE NON PROFIT PUBLIC BENEFIT CORPORATION LAW FOR

CHARITABLE PURPOSES. THE PURPOSE FOR WHICH THIS CORPORATION IS FORMED ARE

EXCLUSIVELY CHARITABLE WITHIN THE MEANING OF SECTION 501 (C)(3) OF THE

INTERNAL REVENUE ~~SECTION~~ CODE

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ACCORDING

TO THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ORI BAKER

Name and Title: DYLAN LEMMA

Address: 729 NW 10TH AVE

Address: 326 UNIVERSITY VILLAGE SOUTH

GAINESVILLE FL 32601

APT 8 GAINESVILLE FL 32603

Name and Title: ROBIN BAKER

Name and Title: _____

Address: 1014 NW PINELAKE DR

Address: _____

STUART FL 34994

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: Ori BABER

Address: 729 NW 10TH Ave

GAINESVILLE FL 32601

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ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Ori BABER

Address: 729 NW 10TH Ave

GAINESVILLE FL 32601

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

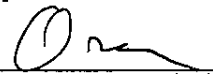


Required Signature of Registered Agent

2/9/2013

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

2/9/2013

Date