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DIVISION OF CORPORATIONS
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8/6/13

COVER LETTER

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

SUBJECT: Eureka Community Education Services 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: Desiree Martinez
Name (Printed or typed)

5668 E. 61st Street
Address

Commerce, CA 90040
City, State & Zip

(800)462-5487 ext. 133
Daytime Telephone number

dmartinez@attorneyscorpsservice.com
E-mail address: (to be used for future annual report notification)

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

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

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Eureka Community Education Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
15097 N.E. 150 ave
Fort McCoy, FL 32134

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Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To educate the Fort McCoy/Eureka community about available housing and services for veterans provided by the Fort McCoy Veterans Home. To inform the Fort McCoy/Eureka community about available literacy programs.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
AS PROVIDED FOR IN THE BYLAWS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Glenn Geary, Director</u>	Name and Title: _____
Address: <u>15097 N.E. 150 ave</u>	Address: _____
<u>Fort McCoy, FL 32134</u>	_____

Name and Title: <u>Karen Gaskin, Director</u>	Name and Title: _____
Address: <u>15088 N.E. 150 ter.</u>	Address: _____
<u>Fort McCoy, FL 32134</u>	_____

Name and Title: <u>Ron Leatherberry, Director</u>	Name and Title: _____
Address: <u>15124 N.E. 150 ln.</u>	Address: _____
<u>Fort McCoy, FL 32134</u>	_____

ARTICLE VI REGISTERED AGENT

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


Name: Glenn Geary
Address: 15097 N.E. 150 ave
Fort McCoy, FL 32134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

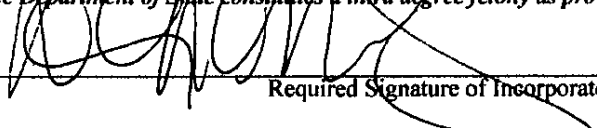
Name: Desiree Martinez
Address: 5668 E 61ST STREET
COMMERCE, CA 90040

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

07/23/13
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

07/23/13
Date