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(Requestor's Name)				
(Address)				
(Address)				
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
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W15-2108

COVER LETTER

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

SUBJECT: EYE ON THE CHILDREN 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

Filing Fee, Certified Copy

\$87.50

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	BER	THO	YNC	DU	TES

Name (Printed or typed)

662 SW SARAZEN AVE

Address

PORT SAINT LUCIE FLORIDA 34953

City, State & Zip

305 300 0077

Daytime Telephone number

eyeonthechildren01@yahoo.com

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

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



January 12, 2015

BERTHONY DUTES 662 SW SARAZEN PORT ST.LUCIE, FL 34953

SUBJECT: EYE ON THE CHILDREN

Ref. Number: W15000002108

We have received your document for EYE ON THE CHILDREN and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 915A00000600



January 27, 2015

BERTHONY DUTES 662 SW SARAZEN PORT ST.LUCIE, FL 34953

SUBJECT: EYE ON THE CHILDREN INC.

Ref. Number: W15000002108

We have received your document for EYE ON THE CHILDREN INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 915A00000600



February 12, 2015

BERTHONY DUTES 662 SW SARAZEN PORT ST.LUCIE, FL 34953

SUBJECT: EYE ON THE CHILDREN INC.

Ref. Number: W15000002108

We have received your document for EYE ON THE CHILDREN INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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.

Letter Number: 915A00000600

Maryanne Dickey Regulatory Specialist II New Filing Section

www.sunbiz.org

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

ARTICLE I	The name of the corporation shall be: EYE ON THE CHILDREN INC.					
220(11Cam) 11	PRINCIPAL OFFICE		* G			
662	Principal <u>street</u> address: 2 SW SARAZEN AVE		Mailing address, if different is:			
P	ORT SAINT LUCIE		70 P			
FL	ORIDA 34953		95 5			
. • -	TI PURPOSE For which the corporation is organized is: REN ALL OVER THE \		DATION IS CREATED TO HELP THE NEEDED			
·		··········				
ARTICLE I	V MANNER OF ELECTION The ma	anner in which the	e directors are elected and appointed: SINCE			
LAMCH						
I AIVI CH	EF EXECUTIVE OFFICE, I EI	LECT THE				
	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
ARTICLE	V INITIAL OFFICERS AND/OR DID BERTHONY DUTES, CHEF EXECUTIVE CENTER	RECTORS	M. TAYSHA DUTES, BOOK KEEPER			
ARTICLE Name and Tit	V INITIAL OFFICERS AND/OR DID BERTHONY DUTES, CHEF EXECUTIVE CENTER	RECTORS Name and Title	M. TAYSHA DUTES, BOOK KEEPER			
ARTICLE	V INITIAL OFFICERS AND/OR DID BERTHONY DUTES, CHEF EXECUTIVE CENTER Ic:	RECTORS	M. TAYSHA DUTES, BOOK KEEPER			
ARTICLE Name and Tit	INITIAL OFFICERS AND/OR DE BERTHONY DUTES, CHEF EXECUTIVE CENTER 662 SW SARAZEN AVE	RECTORS Name and Title	M. TAYSHA DUTES, BOOK KEEPER 502 SW SOURIS AVE			
ARTICLE Name and Tit Address	DESCRIPTION OF THE SECUTIVE CENTER BERTHONY DUTES, CHEF EXECUTIVE CENTER 662 SW SARAZEN AVE PORT SAINT LUCIE FLORIDA 34953 MARIE MAUDE LAJEUNESSE, PRESIDENT	RECTORS Name and Title Address:	M. TAYSHA DUTES, BOOK KEEPER 502 SW SOURIS AVE PORT SAINT LUCIE FLORIDA 34953 TRAVIS DUNN, TREASURER			
ARTICLE Name and Tit Address Name and Tit	DESCRIPTION OF THE SECUTIVE CENTER BERTHONY DUTES, CHEF EXECUTIVE CENTER 662 SW SARAZEN AVE PORT SAINT LUCIE FLORIDA 34953 MARIE MAUDE LAJEUNESSE, PRESIDENT	Name and Title Address: Name and Title	M. TAYSHA DUTES, BOOK KEEPER 502 SW SOURIS AVE PORT SAINT LUCIE FLORIDA 34953 TRAVIS DUNN, TREASURER			
ARTICLE Name and Tit Address	BERTHONY DUTES, CHEF EXECUTIVE CENTER 662 SW SARAZEN AVE PORT SAINT LUCIE FLORIDA 34953 ILE: MARIE MAUDE LAJEUNESSE, PRESIDENT	RECTORS Name and Title Address:	TAYSHA DUTES, BOOK KEEPER 502 SW SOURIS AVE PORT SAINT LUCIE FLORIDA 34953 TRAVIS DUNN, TREASURER			
ARTICLE Name and Tit Address Name and Tit	DITTIAL OFFICERS AND/OR DESIGNATION DESCRIPTION DE BERTHONY DUTES, CHEF EXECUTIVE CENTER 662 SW SARAZEN AVE PORT SAINT LUCIE FLORIDA 34953 MARIE MAUDE LAJEUNESSE, PRESIDENT 16: 662 SW SARAZEN AVE	Name and Title Address: Name and Title	TAYSHA DUTES, BOOK KEEPER 502 SW SOURIS AVE PORT SAINT LUCIE FLORIDA 34953 TRAVIS DUNN, TREASURER 502 SW SOURIS AVE			
ARTICLE Name and Tit Address Name and Tit	BERTHONY DUTES, CHEF EXECUTIVE CENTER 10: 662 SW SARAZEN AVE PORT SAINT LUCIE FLORIDA 34953 MARIE MAUDE LAJEUNESSE, PRESIDENT 10: 662 SW SARAZEN AVE PORT SAINT LUCIE FLORIDA 34953 MARIE VODRISE DALZON, VICE PRESIDENT	Name and Title Address: Name and Title	TAYSHA DUTES, BOOK KEEPER 502 SW SOURIS AVE PORT SAINT LUCIE FLORIDA 34953 TRAVIS DUNN, TREASURER 502 SW SOURIS AVE PORT SAINT LUCIE FLORIDA 34953 ENDE JOISSAINT, ASSISTANT VICE PRESIDENT			
ARTICLE Name and Tit Address Name and Tit Address	BERTHONY DUTES, CHEF EXECUTIVE CENTER 10: 662 SW SARAZEN AVE PORT SAINT LUCIE FLORIDA 34953 MARIE MAUDE LAJEUNESSE, PRESIDENT 10: 662 SW SARAZEN AVE PORT SAINT LUCIE FLORIDA 34953 MARIE VODRISE DALZON, VICE PRESIDENT	Name and Title Address: Name and Title Address:	TAYSHA DUTES, BOOK KEEPER 502 SW SOURIS AVE PORT SAINT LUCIE FLORIDA 34953 TRAVIS DUNN, TREASURER 502 SW SOURIS AVE PORT SAINT LUCIE FLORIDA 34953 ENDE JOISSAINT, ASSISTANT VICE PRESIDENT			
ARTICLE Name and Tit Address Name and Tit Address	BERTHONY DUTES, CHEF EXECUTIVE CENTER 662 SW SARAZEN AVE PORT SAINT LUCIE FLORIDA 34953 BERTHONY DUTES, CHEF EXECUTIVE CENTER 662 SW SARAZEN AVE PORT SAINT LUCIE FORT SAINT LUCIE FLORIDA 34953 BERTHONY DUTES, CHEF EXECUTIVE CENTER 662 SW SARAZEN AVE PORT SAINT LUCIE FLORIDA 34953 BERTHONY DUTES, CHEF EXECUTIVE CENTER 662 SW SARAZEN AVE PORT SAINT LUCIE FLORIDA 34953	Name and Title Address: Name and Title Address:	M. TAYSHA DUTES, BOOK KEEPER 502 SW SOURIS AVE PORT SAINT LUCIE FLORIDA 34953 TRAVIS DUNN, TREASURER 502 SW SOURIS AVE PORT SAINT LUCIE FLORIDA 34953 ENIDE JOISSAINT, ASSISTANT VICE PRESIDENT			

Name and Title: NA	AYSHA DUTES, CHAIRMAN	Name and Title	FREDO DUTES, ADMINISTRATOR
Address 37	'40 SW 61st AVE	Address:	197 NE 156th AVE
	AVIE	. 1441 0551	NORTH MIAMI
FL	ORIDA 33314		FLORIDA 33162 点 场
			FLORIDA 33162 点 点
Name and Title:		Name and Title	100
Address		Address:	F P II
			PH 12: 5
	REGISTERED AGENT ida street address (P.O. Box NOT accep	ntable) of the rea	istered agent is:
Name:	BERTHONY DUTE		· ·
	SW SARAZEN AVE		
	PORT SAINT LUCIE, FL 3495		
	INCORPORATOR		
	ess of the Incorporator is: BERTHONY DUTES	S	
Name:	662 SW SARAZEN AVE		
Address:	PORT SAINT LUCIE, FL 34953		
			e above stated corporation at the place designated in this
certificate, I and fail	illiar with and accept the appointment a	s registered agen	/
My My	Required Signature of Registered	Agent	01/03/15
I submit this docum		_	aware that any false information submitted in a document
to the Department of	f State constitutes a third degree felony	as provided for i	n s.817.155, F.S.
May	lef		0//03/15
	Required Signature of Incorp	porator	/ Pate
I submit this docum to the Department of	ept and affirm that the facts stated here	in are true. I am as provided for i	aware that any false information submitted in a document in s.817.155, F.S. O//O3//5 Vate