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SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 JUN -1 PH 4:



COVER LETTER

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

SUBJECT: Eagle Cave Production
(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: Marecha G. Mc Intyre
Name (Printed or typed)

460/ N.W. 1836 St SuiteF-12

Miam Fardens Fla. 33055

786 346 002/ Daytime Telephone number

<u>Lagle Care Production (a) ya hao . Cour</u> 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 For

15 JUN - 1 PM 4: []

Eagle Care Productions, Inc.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ONE:

The name and address of this principal corporation is Eagle Care Productions, Inc. and its location is 4601 NW 183rd Street, Suite F-12, Miami Gardens, FL 33055, in Miami Dade County. The Corporation is organized pursuant to the FLORIDA Non-profit Corporation Code.

TWO:

Eagle Care Productions, Inc. is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations qualifying as an exempt organization from Federal income tax under section 501 (c) 3 of the Internal Revenue Code, or corresponding section of any future Federal tax code.

Eagle Care Productions, Inc. will conduct the following services to benefit the community:

Education
Food Distribution
Mentoring
Motivational Speaking
Counseling
Tutoring
Culture Enrichment
Workshops/Seminars
and

Referrals

THREE:

The duration of this Corporation shall be perpetual, with no stock and shall have no members.

FOUR:

The address of the registered office is located at is 4601 NW 183rd Street, Suite F-12, Miami Gardens, FL 33055 and the name of the Registered Agent of the Corporation shall be:

Mareeta McIntyre

- This Corporation is organized and operated exclusively for charitable, religious, educational, and scientific purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code.
 - (2) Not-withstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to carry on (1) by a corporation exempt from federal income tax under Section 501 (c) (3) of the Internal Revenue Code or (2) by corporation contributions to which are deductible under Section 170 (c) (2) of the Internal Revenue Code.

SLX.

The Directors are elected in accordance with the By-laws. The name and address of the persons appointed to act as the initial Directors of this Corporation are:

	<u>Names</u>	<u>Addresses</u>
PTD	Mareeta McIntyre	4601 NW 183 rd Street, F-12
		Miami Gardens, Florida 33055
VP Darlean Reid-Mason	Darlean Reid-Mason	4601 NW 183 rd Street, F-12
		Miami Gardens, Florida 33055
D	Gail McIntyre	4601 NW 183 rd Street, F-12
	•	Miami Gardens, Florida 33055

SEVEN:

No part of the net earning of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other purpose not permitted to be carried on (a) by an organization exempt from Federal income tax under section 501 (c) 3 of the Internal Revenue Code, or corresponding section of any future Federal tax code, or (b) by an organization, contributions to which are deductible under section 170 (c) (2) of the Internal Revenue Code, or corresponding section of any future Federal tax code.

EIGHT:

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) 3 of the Internal Revenue Code, or corresponding section of any future Federal tax code, or shall be distributed to the Federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

NINE:

Executed on April 10, 2014. The name and address of the incorporator of this Corporation shall be:

Mareeta McIntyre
4601 NW 183rd Street, Suite F-12
Miami Gardens, Florida 33055

Marceta McIntyre



15 JUN - 1 PM 4: 11

SECRETARY OF STATE TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:

Eagle Care Productions, Inc.

The name and address of the registered agent and office is:

Mareeta McIntyre
4601 NW 183^d Street, F-12
Miami Gardens, Florida 33055

The above person has been named as registered agent and to accept service of process for the stated purpose of preparation at the place designated in this certificate, 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, completely, to the proper and complete performance of my duties, and I am familiar with and accept the directions of my position as registered agent.

(SIGNATURE)

(DATE)