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## **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

SUBJECT:	THE	EAGLE ED CORPORATE NAME -	 Incorporated

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

\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

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

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



August 4, 2016

DR. RITA ALEXANDER 3418 W. VILLA ROSA STREEET TAMPA, FL 33611

SUBJECT: THE EAGLE CHURCH, INCORPORATED

Ref. Number: W16000054134

We have received your document for THE EAGLE CHURCH, INCORPORATED, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent	
Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 216A00016472

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

		EAGLE CH	ukch, 1.	NOUT - MI	<u></u>
ARTICLE II	Principal street address:  19 W. CARMENST.		Mailing addre	ess. if different is:	A St
	TAMPA, FLORIDA		TAMPA	/	
	33606			336	911
	II PURPOSE  for which the corporation is organized is:	:			
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STATU	TES. It is not orgi	ANIZED FOR PA	CIVATE GAI	N Of Any PE	eson. THE
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people	E find & hope + HR	ough gods	ONLY KO	pe tox ma	N which
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	REGISTERED AGENT		
The <u>name and F</u>	lorida street address (P.O. Box NOT acce	ptable) of the regis	tered agent is:
Name:	DR. RIM ALEXANDER		•
Address:	3418 W. VillA ROSA ST	·	
•	TANPA, Cl. 33611	<del>*</del>	·
ARTICLE VII	<u>INCORPORATOR</u>		
	ddress of the Incorporator is:		•
Name:	DR. KITH HIELANDER	•	
Address:	DR. RIM ALEKANDER 1319. W. CARMENS	<u>t.</u>	
	TAMPA, Elexion 3	3606	
Effective date, it	· · · · · · · · · · · · · · · · · · ·	2, 3016 nd cannot be more	(OPTIONAL) e than five business days prior or 90 business days
	e inserted in this block does not meet the ap ctive date on the Department of State's reco		filing requirements, this date will not be listed as the
	med as registered agent to accept service familiar with and accept the appointment a		
Dr D	Required Signature of Registered		<u>06/02/2016</u>
		•	Date
	rument and affirm that the facts stated here ny of State constitutes a third Jegree felony		ware that any false information submitted in a document s.817.155, F.S.
DR. Y	tito (selada		06/02/2616
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Required Signature of Incor	porator	Date

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