N21000008142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

JUL 07 2021

T. SCOTT

500360477075

03/01/21--01009--007 **78.75

FILED
2021 JUL -6 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: International Council Eagle Vision and Eaglet Foundation 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: Ruth Morillo
Name (Printed or typed)

5569 North State Rd.7
Address

Fort Lauderdale fl 33319
City, State & Zip

561-672-9060
Daytime Telephone number

ericruthdecoration@gmail.com
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

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

ARTICLE I NAME
The name of the corporation shall be: International Council Eagle Vision and Euglet Foundation Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5569 North State Road 7
Fort Lauderale Fl 33319

Mailing address, if different is:
4560 nw 60th Ln
Coconut Creek Fl 33073

2021 JUL -6 PM 1:43
FILED

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Ministry

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ruth Morillo/Director
Address: 5569 North State Road 7
Fort Lauderdale Fl 33319

Name and Title: Eric Campbell/Co Director
Address: 5569 North State Road 7
Fort Lauderdale Fl 33319

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: Ruth Morillo

Address: 5569 North State Road 7

Fort Lauderdale Fl 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ruth Morillo

Address: 5569 North State Road 7

Fort Lauderdale Fl 33319

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

_____ 6/28/21

Required Signature of Registered Agent 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.

_____ 6/28/21

Required Signature of Incorporator Date