Division of Corporations



Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850) 922-4001

From:

: AFFORDABLE PARALEGAL, FT. LAUDERDALE Account Name

Account Number : 120000000264 Phone : (954)565-9929

Fax Number : (954)565-1347

FLORIDA PROFIT CORPORATION OR P.A.

EA05, Inc.

Certificate of Status	0	
Certified Copy	1	
Page Count	01	
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ARTICI ES	OF INCO	RPOR	ATION
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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

NAME ARTICLE !

The name of the Corporation shall be:

EA05, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8 Coventry Way

Wilton Manors, FL 33305

ARTICLE HI SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1000 shares

ARTICLE IV DIRECTORS

The number of directors constituting the initial board of directors is one (1), and the name and address of the person or persons who are to serve as directors until the first annual meeting of the chareholders or until their successors are elected and qualified are:

Joseph B. Embres

420 Coconut Isle

Fort Lauderdale, FL 33301

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Joseph B. Embres

420 Coconut Isle

Fort Lauderdale, FL 33301

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Joseph B. Embres

420 Coconut isle

Fort Lauderdale, FL 33301

Signature/Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation 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 relating to the proper and complete performance

of my duties, and I em familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent