

PO2000049252

Requester's Name

Address

Childs Bkpg & Tax Service  
3092 S 25th Street  
Ft Pierce, FL 34981

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #) 000005370810--3  
-04/29/02--01107--025  
\*\*\*\*\*78.75 \*\*\*\*\*78.75
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #) EFFECTIVE DATE 05-01-02

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
02 APR 29 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

5/6

**ARTICLES OF INCORPORATION**

**OF**

**ED'S HOUSE INC.**

FILED  
02 APR 29 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation under Sub Chapter S hereby forms a corporation under the laws of the State of Florida.

**ARTICLE I - NAME**

The name of this corporation is: **ED'S HOUSE INC.**

The principal place of business and mailing address of this corporation is :

**PLACE OF BUSINESS: 4397 BIGHORN AVENUE, PORT ST. LUCIE, FL 34983**

**MAILING ADDRESS: 3216 LIVE OAK LANE, FT. PIERCE, FL 34981**

**ARTICLE II - NATURE OF BUSINESS**

This corporation may engage in any business activity permitted under the laws of the United States and the State of Florida.

**ARTICLE III - CAPITAL STOCK**

**EFFECTIVE DATE**  
**05-01-02**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred (100) shares of common stock with no par value per share.

**ARTICLE IV - TERM OF EXISTENCE**

The existence of the corporation shall commence on May 1, 2002, and shall be perpetual.

**ARTICLE V - OFFICERS DIRECTORS**

The name and street address of the initial officer and director, who shall hold office for the corporation are:

**PRESIDENT: DEBORAH R. TOMPKINS**  
**3216 LIVE OAK LANE**  
**FT. PIERCE, FL 34981**

**VICE PRESIDENT: DEBORAH K. TOMPKINS**  
**601 MAPLE AVENUE APT B**  
**FT. PIERCE, FL 34982**

SECRETARY:

KIMBERLY MOYE  
201 INDIAN HILLS DRIVE  
FT. PIERCE, FL 34982

**ARTICLE VI - INCORPORATOR**

The name and street address of the incorporator to this article of incorporation is:

DEBORAH TOMPKINS  
3216 LIVE OAK LANE  
FT. PIERCE, FL 34981

WHEREOF, the undersigned incorporator has executed these ARTICLES OF  
INCORPORATION this 24<sup>th</sup> day of April, 2002.

Signature of Incorporator

*Deborah Tompkins*

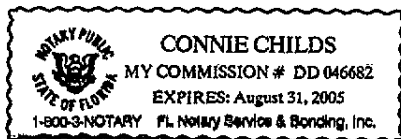
STATE OF FLORIDA  
COUNTY OF ST. LUCIE

THE FOREGOING instrument was acknowledged and sworn to before me this 24<sup>th</sup> day of  
April, 2002, by Deborah Tompkins of ST. LUCIE  
COUNTY.

Notary Public

*Connie Childs*

(SEAL)



ARTICLES OF INCORPORATION FILING FEE: \$35.00  
REGISTERED AGENT FILING FEE: \$35.00  
CERTIFIED COPY REQUESTED: \$8.75

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325 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.

1. The name of the corporation is: **ED'S HOUSE INC.**
2. The name and address of the registered agent and office is:

**DEBORAH TOMPKINS**  
**3216 LIVE OAK LANE**  
**FT. PIERCE, FL 34981**

*Deborah Tompkins*  
Corporate Officer

President  
Title

4.24.02  
Date

**HAVE BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.**

*Deborah Tompkins*  
Registered Agent

FILED  
APR 29 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA