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TRANSMITTAL LETTER

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

Subject <u>Eddiechase, Inc.</u>

Enclosed is an original and two (2) copies of the articles of incorporation and a check for

\$70.00 Filing Fee

\$78.75 Filing Fee

& Certified Copy

\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate

(ADDITIONAL COPY REQUIRED)

FROM:

Nellie Akalp

Name

30141 Agoura Rd., Suite 205

Address

Agoura Hills, California 91301

City, State & Zip

818-879-9079

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

ARTICLES OF INCORPORATION OF Eddiechase, Inc.

Act, hereby adopts the	e following articles of incorporation.	<u> </u>
ARTICLE I	NAME	
The name of the Co	rporation shall be: Eddiechase, Inc.	· · · · · · · · · · · · · · · · · · ·
ARTICI E II	PRINCIPAL OFFICE	
	of business and mailing address of this corporation	on shall be:
The principal place	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	, ,
758 Bocce		•
Palm Beach	Gardens, Florida 33410	
ARTICLE III	SHARES	
	es that this corporation is authorized to have outs	tanding at any one time is: 1500 a
\$0.01 par value per	share.	
ARTICLE IV	INITIAL DIRECTORS	
	dress(s) of the initial Director(s) is/are:	
,	,	
Laurie M. F 758 Bocce		
	o Gardens, Florida 33410	
1 2		
ARTICLE V	INITIAL REGISTERED AGENT A	
The name and Flori	da street address of the initial registered agent is:	
Laurie M. F	Elliott	
758 Bocce		
Palm Beach	Gardens, Florida 33410	
ADMICI E III	NICORDON (TOD	
	<u>INCORPORATOR</u> ess of the incorporator to these Articles of Incorporator	oration is:
The name and addre	ess of the incorporator to these Afficies of incorporation	oration is.
Nellie Akal	p	
	ura Rd., Suite 205	
Agoura Hil	ls, California 91301	
20011	Carlo	4.30.04
	Akalp, Incorporator	Date
Having been named a	is registered agent and to accept service of process for	r the above stated corporation at the
place designated in the	nis certificate, I hereby accept the appointment as regi ree to comply with the provisions of all statutes relatin	istered agent and agree to act in this no to the proper and complete
performance of my di	ities, and I am familiar with and accept the obligation	s of my position as registered agent.
	La MA GOVER	5/19/04
1	Wish Bosinson Asont	Data
Laurie M. I	Illiott, Registered Agent	Date