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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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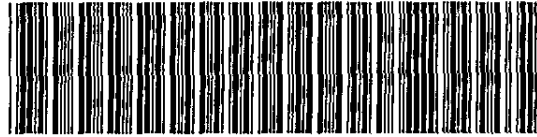
(Business Entity Name)

(Document Number)

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VIH 6/14/05

## TRANSMITTAL LETTER

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

SUBJECT: Eagleview of America, 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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**Additional Copy Required**

FROM: Eagleview of America, Inc.  
Name (printed or typed)

8591 NW 186 Street, Suite 126  
Address

Miami, FL 33015  
City, State & Zip

(786) 326-8367  
Daytime Telephone number

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

05 JUN 12 PM 3:01

**ARTICLES OF INCORPORATION**  
**OF**  
**EAGLEVIEW OF AMERICA, INC.**

**ARTICLE I – NAME**

The name of this corporation is: Eagleview of America, Inc.

**ARTICLE II – ADDRESS**

The principal place of business and mailing address of this corporation shall be: 8591 NW 186 Street, Suite 126, Miami, FL 33015

**ARTICLE III – PURPOSE**

The purpose of this corporation is to engage in any business activities permitted under the Laws of the United States and Florida.

**ARTICLE IV – CAPITAL STOCK**

The number of shares that this corporation is authorized to have outstanding at any time is One hundred shares of Common stock having a par value of \$1.00 (one) per each share.

**ARTICLE V**

**INITIAL AND PRINCIPAL REGISTERED OFFICE AND AGENT**

The initial and principal registered office of this corporation shall be: 8591 NW 186 Street, Suite 126, Miami, FL 33015, and the initial registered agent of this corporation at such office shall be: Carmen R. Suarez, who upon accepting this designation agrees to comply with the time to time, with respect to keeping an office open for services of process.

**ARTICLES VI – INITIAL BOARD OF DIRECTORS**

**NAME**

**ADDRESS**

Carmen R. Suarez  
President/Treasurer

8591 NW 186 Street, Suite 126  
Miami, FL 33015

Oscar J. Guedez  
Vice-President/Secretary

8591 NW 186 Street, Suite 126  
Miami, FL 33015

**ARTICLES VII – INCORPORATOR**


The name and address of the person signing these Articles of Incorporation is:

**NAME**

**ADDRESS**

Carmen R. Suarez

8591 NW 186 Street, Suite 126  
Miami, FL 33015

  
Incorporator Signature

**ACCEPTANCE OF REGISTERED AGENT**

Having been named to accept services of process for 8591 NW 186 Street, Suite 126, Miami, FL 33015, at the place designated in the Articles of Incorporation. I, Carmen R. Suarez, accept to act in this capacity, and agree to comply with the provisions of Section 607.0501.

Miami-Dade County  
Florida

6/6/05  
Date

  
Registered Agent