

PD70000027038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

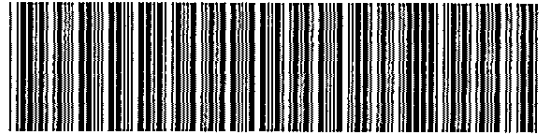
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 MAR - 1 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP
3/1

1-3331

COVER LETTER

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

SUBJECT: ECLIPSED SUN, INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: DWAYNE M. HOLLOWAY

Name (Printed or typed)

2465 RIVER RIDGE DR

Address

ORLANDO, FL 32825

City, State & Zip

954-632-0274

Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ECLIPSED SUN, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1261 N. PINE HILLS RD
ORLANDO, FL 32808

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE THE FOLLOWING SERVICES TO THE PUBLIC FOR PROFIT:
1. CORPORATE EVENT PLANNING
2. INCOME TAX SERVICES
3. SUPPLEMENTAL EDUCATION

ARTICLE IV SHARES

The number of shares of stock is:

THE NUMBER OF STOCKS SHALL BE 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

DWAYNE M. HOLLOWAY- CEO

FRIDITH SEIDE- DIRECTOR

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

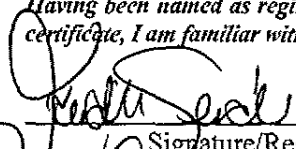
FRIDITH SEIDE
2465 RIVER RIDGE DR
ORLANDO, FL 32825

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DWAYNE M. HOLLOWAY
2465 RIVER RIDGE DR
ORLANDO, FL 32825

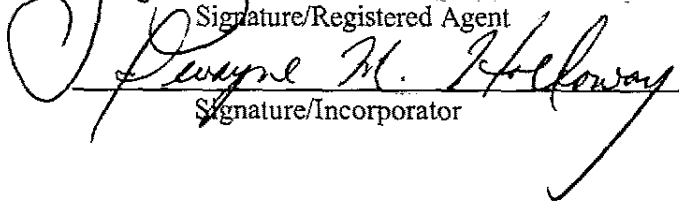
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

2/23/2007

Date



Signature/Incorporator

February 23, 2007

Date