

P08000080672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Elizabeth Garcia gave  
authorization to add  
of Orlando to the name  
a/w/o  
d/c

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pa

## COVER LETTER

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

**SUBJECT:** E & A Associates, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Elizabeth Garcia

Name (Printed or typed)

4448 Trescott Drive

Address

Orlando, FL 32817

City, State & Zip

407-415-3392

Daytime Telephone number

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

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

### **ARTICLE I NAME**

The name of the corporation shall be:

E & A Associates of Orlando, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

4448 Trescott Drive  
Orlando, FL 32817

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The Corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

100

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

President: Elizabeth Garcia

Vice-President: Amanda L. Garcia

Secretary: Elizabeth Garcia

whose mailing addresses shall be the same as the principal office of the Corporation.

### **ARTICLE VI REGISTERED AGENT**

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

Elizabeth Garcia  
4448 Trescott Drive  
Orlando, FL 32817

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Elizabeth Garcia  
4448 Trescott Drive  
Orlando, FL 32817

\*\*\*\*\*

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

Elizabeth Garcia  
Signature/Registered Agent

8/25/08

Date

Elizabeth Garcia  
Signature/Incorporator

8/25/08

Date