# P090000/5086

(Requestor's Name)				
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SECRETARY OF STATE TALLAHASSEF, FLORIDA

APPROVE AND FILED

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# **COVER LETTER**

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

SUBJECT: EAC	GROUP, INC.		
<del></del>	(PROPOSED CORPORA	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	ENRIQUE CROOKS	(Printed or typed)	
	815 N.W. 57 AVENUE, SUITE 4		
	MIAMI, FL 33126	, State & Zip	
	305-264-2557	Telephone number	
	Day	<b>t</b>	

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

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### ARTICLES OF INCORPORATION

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

09 FEB 16 PM 3: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

EAC GROUP, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 815 N.W. 57 AVENUE, SUITE 402 MIAMI, FL 33126

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

#### ARTICLE IV SHARES

The number of shares of stock is:

100 shares at \$1 par value each

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Director Enrique Crooks 815 N.W. 57 Avenue, Suite 402 Miami, FL 33126

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Enrique Crooks 815 N.W. 57 Avenue, Suite 402 Miami, FL 33126

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Enrique Crooks 815 N.W. 57 Avenue, Suite 402 Miami, FL 33126

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 wiff and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent Date

| Signature/Incorporator Date