

P/2000096436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

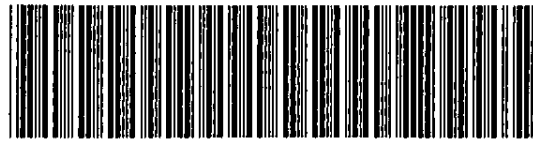
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ADDED NUMBER OF
SHARES OF STOCK PER
TELEPHONE CONVERSATION
WITH CHAUN VERNON.

K 11/21/12

Office Use Only



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11/20/12--01006--017 **87.50

12 NOV 20 PM 3:30
TALLAHASSEE, FLORIDA

K 11/21/12

COVER LETTER

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

SUBJECT: Eab Projects 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Chaun Vernon
Name (Printed or typed)

2900 n. Palm Aire Dr. # 402
Address

pompano Beach, FL 33069
City, State & Zip

954-288-6073
Daytime Telephone number

eabprojects@gmail.com
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

The name of the corporation shall be: Eab Projects Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2900 n. Palm Aire Dr.
Apt. 402 Pompano Beach, FL
33069

Mailing address, if different is:

2900 n. Palm Aire Dr.
Apt. 402 Pompano Beach, FL
33069

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: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chaun Vernon - CEO

Name and Title: _____

Address: 2900 n. Palm Aire Dr. # 402
Pompano Beach FL 33069

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Chaun Vernon

Address: 2900 n. Palm Aire Dr. # 402
Pompano Beach, FL 33069

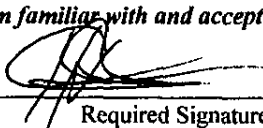
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Chaun Vernon


Address: 2900 n. Palm Aire Dr. # 402
Pompano Beach, FL 33069

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


Required Signature/Registered Agent

11-16-2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

11-16-2012
Date