

P13000004662

(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:

~~W12-63969~~
~~W12-61504~~

Office Use Only



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12/11/12--01012--007 **87.50

FILED

13 JAN 11 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: EAS, 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: JUDY L. ALLOR

Name (Printed or typed)

1820 NE JENSEN BEACH BLVD. #541

Address

JENSEN BEACH, FL. 34957

City, State & Zip

1-800-939-2640

Daytime Telephone number

judyallor@bellsouth.net

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 31, 2012

JUDY L. ALLOR
1820 NE JENSEN BEACH BLVD. #541
JENSEN BEACH, FL 34957

SUBJECT: EAS PROVIDERS, INC.
Ref. Number: W12000063969

We have received your document for EAS PROVIDERS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 712A00030641

Regulatory Specialist II
New Filing Section

Letter Number: 912A00029396

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: EAS PROVIDERS, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

88005 OVERSEAS HWY

STE. #10-101

ISLAMORADA, FL. 33036

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Fee based administrative & consulting services to the general public, and any other lawful activity.

ARTICLE IV SHARES
The number of shares of stock is: 1000 shares at a value of \$100.00 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Judy L. Allor President

Address: 1820 NE Jensen Beach Blvd. #541
Jensen Beach Fl. 34957

Name and Title: Judy L. Allor Director

Address: 1820 NE Jensen Beach Blvd. #541
Jensen Beach Fl. 34957

Name and Title: Judy L. Allor Secretary

Address: 1820 NE Jensen Beach Blvd. #541
Jensen Beach Fl. 34957

Name and Title: _____

Address: _____

Name and Title: Judy L. Allor Treasurer

Address: 1820 NE Jensen Beach Blvd. #541
Jennsen Beach Fl. 34957

Name and Title: _____

Address: _____

FILED

13 JAN 11 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

FILED

Name and Title: _____ Name and Title: 13 JAN 11 PM 3:26
Address: _____ Address: SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

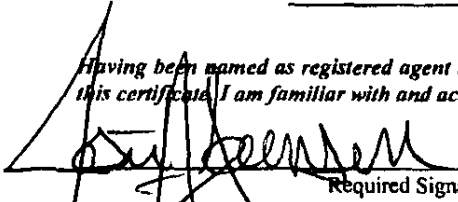
Name: InCorp Services, Inc.
Address: 17888 67th Court North
Loxahatchee, Fl. 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Judy L. Allor
Address: 1820 NE Jensen Beach Blvd. #541
Jensen Beach, Fl. 34957

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

 on behalf of InCorp Services, Inc.
Required Signature/Registered Agent

1-08-2013

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

1-08-2013

Date