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OIVISION OF CURPORATION

or 8/5/13

COVER LETTER

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

SUBJECT: E	UREKA'S TREA		
Enclosed are an orig	(PROPOSED CORPORA ginal and one (1) copy of the art	TE NAME - MUST INCL	_
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	ERICA ANI	V CROF	T

Name (Printed or typed) @ MY. FSU. EDU 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)

e name of the corpor					
RTICLE II PR	INCIPAL OFFI Principal street			Mailing address, if differ	rent is:
ERICA CR	OFT				
29147 B	EAUCLA	TIRE DRI	VE		•
TAVARE.	S FL	32778			
	, , , , , , , , , , , , , , , , , , ,				
RTICLE III PUF e purpose for which	the corporation is	s organized is:	O CONDU	CT BUSINE	ESS
IN FLO	$\sim \sim \sim$				
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OTICIE IV SH	APPS)	20			PY OF CORPC
RTICLE IV SH.	ARES f stock is:	00			FILED RY OF STA CORPORAL
number of shares of	f stock is:	20			FILED RY OF STATE CORPORATION
number of shares of	f stock is:	RS AND/OR DIRI	ECTORS OR ESIDENT	0.9577.44	STATE ORATIONS 2: 16
e number of shares of	fstock is: TIAL OFFICEI le:ERICA /	WN CROFT, I	PRESIDENT Name and Ti	tle: ROBERT LENGE	CRATIONS CROS
e number of shares of	fstock is: TIAL OFFICEI le:ERICA /	WN CROFT, I	ECTORS PRESIDENT Name and Tir RIVE Address:	_{tle:} ROBERT LENGE 2298 GATZ	CRATIONS CROS
e number of shares of startes of	fstock is: TIAL OFFICEI le:ERICA /	WN CROFT, I	PLESIDENT Name and Ti R[VE Address:	tle: <u>ROBERT LENGE</u> 2298 GATO APT 376	CRATIONS CROS
number of shares of the tricker of t	trial officer ERICA 1 2298	WN CROFT, I GATOR DI APT 376	PLESIDENT Name and Ti PLUE Address:	2298 GATO APT 376	PATIONS CROS
number of shares of the tricker of t	trial officer ERICA 1 2298	WN CROFT, I GATOR DI APT 376	PLESIDENT Name and Ti R[VE Address:	tle: ROBERT LENGE 2298 GATO APT 376 ORLANDO,	PATIONS CROS
number of shares of TICLE V INI Name and Titl Address	TIAL OFFICE 1e: ERICA A 2298 ORLAN	WN CROFT, I GATOR DI APT 376 DO, FC 3	Name and Tie RIVE Address:	2298 GATO APT 376	PATIONS CROPED PL 3280
PATICLE V INI Name and Title Address	TIAL OFFICE DELCA F 2298 ORLAN	WN CROFT, I GATOR DI APT 376 DO, FC 3	Name and Tie RIVE Address: 32807 Name and Tie	2298 GATO APT 376 ORLANDO,	PATIONS CROP MANN CROP OR DRIVE FL 3280
e number of shares of ETICLE V INI Name and Titl Address	F stock is:	WN CROFT, I GATOR DI APT 376 DO, FC 3	Name and Tile	2298 GATO APT 376 OPLANDO,	PATIONS CROPED PLINE
Name and Title Name and Title	F stock is:	WN CROFT, I GATOR DI APT 376 DO, FC 3	Name and Tile	2298 GATO APT 376 ORLANDO,	PATIONS CROP MANN CROP OR DRIVE FL 3280
RTICLE V INI Name and Title Address	TIAL OFFICE TIAL OFFICE 1e: ERICA A 2298 ORLAN	WN CROFT, I GATOR DI APT 376 DO, FC 3	Name and Tile	2298 GATO APT 376 ORLANDO,	MANN CROS MANN CROS DRIVE FL 3280
Name and Title Name and Title Address	TIAL OFFICE ELICA F 2298 ORLAN	WN CROFT, I GATOR DI APT 376 DO, FC 3	Name and Tire Address: Name and Tire Address: Name and Tire Address: Address:	2298 GATO APT 376 ORLANDO,	PATIONS CROPE MANN CROP PRIVE FL 3280
TICLE V INT Name and Title Address Name and Title Address	TIAL OFFICE ELICA F 2298 ORLAN	WN CROFT, I GATOR DI APT 376 DO, FC 3	Name and Tire Address: Name and Tire Address: Name and Tire Address: Address:	2298 GATO APT 376 ORLANDO,	PATIONS CROPE MANN CROP PRIVE FL 3280

Name and	Title: Name and Title:
Address	Address:
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	FICHARD PAUL BROWN
Address:	29142 BEAUCLAIRE DRIVE
Address:	TAVARES FL 32778
ARTICLE VII	INCORPORATOR
The name and add	<u>ress</u> of the Incorporator is:
Name:	ERICA ANN CROFT
Address:	ERICA ANN CROFT 2298 GATOR DRIVE, APT 376
	ORLANDO, FL 32807
	d as registered agent to accept service of process for the above stated corporation at the place designated in In familiar with and accept the appointment as registered agent and agree to act in this capacity
Left.	1/28/13
	Required Signature/Registered Agent Date
	ment and affirm that the facts stated herein are true. I am aware that the false information submitted in a epartment of State constitutes a third degree felony as provided for in s.817.155, F.S.
	Required Signature/Incorporator

SECRETARY OF STATE OR STORE OR STATE OR STORE OR