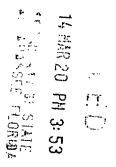
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bus	iness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			



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COVER LETTER

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

SUBJECT: E	G A SSOCIAT	-es IMC. Ate name - <u>must incl</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$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 DPY REQUIRED
	Fair Palan	9	

Name (Printed or typed)

2107 GUNN HWY # 390

Address

Odessa | F| 33556

City, State & Zip

727-565-3377

Daytime Telephone number

erico e and zassociates-com

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

February 24, 2014

ERIC PEDONE 2107 GUNN HWY., #390 ODESSA, FL 33556

SUBJECT: E & J ASSOCIATES INC.

Ref. Number: W14000011977

We have received your document for E & J ASSOCIATES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 114A00004072

COVER LETTER

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

SCEGLOI	. Associates, INC.				
(PROPOSED CORPORAT	E NAMÉ – <u>MUST INCLUDE SUFFIX</u>)				
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 & Certificate of Status				
	ADDITIONAL COPY REQUIRED				
FROM: Eric Pedone Name (Printed or typed)					
2107 GUNN HWY # 390					

Odessa, Fl 33556 City, State & Zip

727-565-3377 Daytime Telephone number

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

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

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

The name of the corporat	ion shall be: Eric & Joyan	ni Associate	·s, IN(
	NCIPAL OFFICE Principal street address	Mailing addre	ess, if different is:
2107 60	nn Hwy #390		
odessA , F	•		_
•	····		
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is:	commeri	MAR 20
business	settlements for		
businesses	s. To also sett	te any outs	tanding 0
debts.		•	3
			//- Viet Viet Viet Viet Viet Viet Viet Viet
		· · · · · · · · · · · · · · · · · · ·	
ARTICLE IV SHA The number of shares of s			
			
	TAL OFFICERS AND/OR DIRECTOR	<u>s</u>	
Name and Title	Eric Pedone Pres-	Name and Title:	
Address	2107 Gunn Hwy	Address:	
	# 390		
	Odessa, FI 33556		
	O O C O S O C O C O C O C O C O C O C O		
Name and Title:		Name and Title:	
Address		Address:	
		-	
		<u> </u>	
Name and Title:		Name and Title:	
Address			
Addiess		Addicas.	
	***************************************	-	

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Victoria Cusanno	J
Address:	2107 Gunn Hwy #30 OdessA, Fl 33556	70 B
	OdessA, F1 33556	
ARTICLE VII	INCORPORATOR	PM 3: 53
The name and ad	Idress of the Incorporator is:	₩ ~ 33
Name:	Eric Pedone	
Address:	2107 GUNN HWY # 390	
	odessa, Fl 33556	
this certificate, I	am familiar with and accept the appointment as regi	
Victor	Required Signature/Registered Agent	2-14-14
•	Required Signature/Registered Agent	Date
I submit this doc	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	true. I am aware that the false information submitted in a a sprovided for in s.817.155, F.S.
	Erw Pedono Required Signature/Incorporator	2-14-14
	Required Signature/Incorporator	Date '