

PI4000045273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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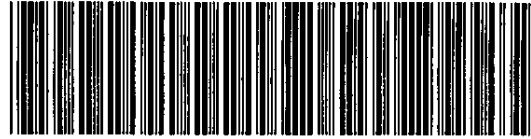
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CMO 5/22

## COVER LETTER

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

**SUBJECT:** EagleHeart Corporation  
(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:** Emmanuel Senecharles  
Name (Printed or typed)

5530 SW 113th Avenue  
Address

Cooper City, FL 33330  
City, State & Zip

(954) 774-1656

Daytime Telephone number

EagleHeartcorporation@outlook.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:

**EagleHeart Corporation**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**5530 SW 113th Avenue**

**Cooper City, Florida 33330**

Mailing address, if different is:

**PO Box 85294**

**Hallandale Beach Florida 33008**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**PROVIDING INVESTIGATIVE SERVICES  
FOR ALL. "STANDING FOR PROFESSIONALISM AND INTEGRITY"**

**ARTICLE IV SHARES**

The number of shares of stock is:

**100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Emmanuel P. Senecharles, CEO**

Address

**2107 N. Decatur RD**

**# 229**

**Decatur, GA 30033**

Name and Title:

Address:

Name and Title: **William D. MCDONNELL, Secretary**

Address

**5530 SW 113th Avenue**

**Cooper City, Florida 33330**

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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**14 MAY 21 PM 2:17**  
**SECRETARY OF STATE**  
**FLORIDA**

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: Emmanuel P. Senecharles  
Address: 5530 SW 113th Avenue  
Cooper City, Florida 33330

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Emmanuel P. Senecharles  
Address: PO Box 85294  
Hallandale Beach Florida 33008

*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

05/18/2014  
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

05/18/2014  
Date