## P14000074718

(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:							

Office Use Only

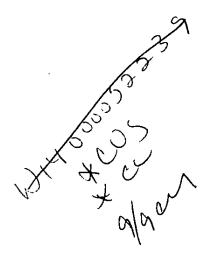




400263030874

08/25/14--01050--001 \*\*87.50





## **COVER LETTER**

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

SUBJECT:	(PROPOSED CORPORA	xporation	The overland
Enclosed are an orig	inal and one (1) copy of the art		UDE SUFFIX)  I 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
FROM:	Caroline Name	e (Printed or typed)	7
<u> </u>	1119 Fitch	AU &	
	Alva, Fl	3392C State & Zip	)
	239-4 Daytime T	SO-6778 Telephone number	
	Caroling coulen E-mail address: (to be use	dall 18 gmail. C	on,

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



August 26, 2014

CAROLINE EISCHEID 2119 FITCH AVE ALVA, FL 33920

SUBJECT: EISCHEID CORPORATION

Ref. Number: W14000052239

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

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

The specific business purpose of the professional association must be stated in the document.

Please return 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.

Carol Mustain Regulatory Specialist II

Letter Number: 814A00018318

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

ARTICLE I NA The name of the corpor		Esche	eid C	orpora	rion		
	INCIPAL OFFICE Principal street add	iress	3	Mailing	address, if differ	ent is:	
The purpose for which	107	ganized is:	and	all	law	, Ol	<u> </u>
ARTICLE IV SH The number of shares o	ARES of stock is:					14 SEP -8 PH 11: 10	SECTETARY OF STATE
ARTICLE V IN	le: Acolina		CTORS C \ \ Name a	and Title:			
Address	Preside Zug Fi	nt tch Ave	Addres	s:			
Name and Title	e:		Name a	and Title:			
Address				s:			
Name and Title	e:		Name a	and Title:			
Address			Addres	s:			
			<del></del>		· · · · · · · · · · · · · · · · · · ·		

Required Signature/Incorporator