

P/5000013711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

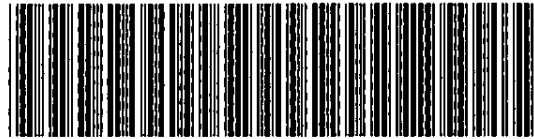
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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✓ 02/10/15

## COVER LETTER

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

SUBJECT: EAGLE CREST REFERRAL COMPANY, 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:

William Timothy MILES

Name (Printed or typed)

12995 110TH AVENUE NORTH

Address

LARGO, FLORIDA 33770

City, State & Zip

(727) 409-6534

Daytime Telephone number

tim@eaglecrest.net

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: EAGLE CREST REFERRAL COMPANY, INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

1178 8th AVENUE NE  
LARGO, FLORIDA 33770

Mailing address, if different is:

12995 110th AVENUE NORTH  
LARGO, FLORIDA 33774

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

REAL ESTATE REFERRAL AGENCY

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**ARTICLE IV    SHARES**

The number of shares of stock is:

1000

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

Name and Title: <u>William T Miles</u>	Name and Title: <u>PRESIDENT</u>
Address: <u>12995 110th AVENUE NORTH</u>	Address: _____
<u>LARGO, FLORIDA 33770</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

(conti.)

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: William T. Miles  
Address: 12995 110th AVE N  
LARGO, FLORIDA 33774

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William T. Miles  
Address: 12995 110th AVE N  
LARGO, FLORIDA 33774

*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*

William T. Miles

Required Signature/Registered Agent

1/26/2015  
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.*

William T. Miles

Required Signature/Incorporator

1/26/15  
Date

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