

P/5000 28787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

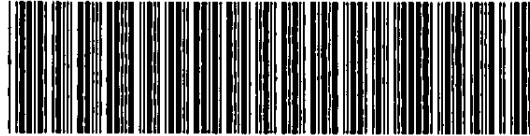
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 30 2015

S. GILBERT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2015

EMMANUEL OLUSEGUN OLAYEMI  
2093 SAN JOSE BLVD  
ORLANDO, FL 32808

SUBJECT: ETERNAL BLOSSOM VENTURES INC  
Ref. Number: W15000018875

We have received your document for ETERNAL BLOSSOM VENTURES 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 document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

The registered agent must sign accepting the designation.

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.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 815A00005353

## COVER LETTER

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

SUBJECT: **ETERNAL BLOSSOM VENTURES 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: **EMMANUEL OLUSEGUN OLAYEMI**

Name (Printed or typed)

**2093 SAN JOSE BLVD**

Address

**ORLANDO FL. 32808**

City, State & Zip

**706 996 5392**

Daytime Telephone number

**olayemisegun2000@yahoo.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:

ETERNAL BLOSSOM VENTURES INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2093 SAN JOSE BLVD  
ORLANDO FL. 32808

Mailing address, if different

2093 SAN JOSE BLVD  
ORLANDO FL. 32808

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

BOOKSELLERS, PUBLISHING, GIFTS, DISTRIBUTION AND OTHER

WHOLESALE AND RETAIL EXPORT AND IMPORT

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

Name and Title: Emmanuel O. OLAYEMI

Name and Title:

Address: 2093 SAN JOSE BLVD  
ORLANDO FL. 32808

Address:

Name and Title: LUCY ELENA OLAYEMI

Name and Title:

Address: 2093 SAN JOSE BLVD  
ORLANDO FL. 32808

Address:

Name and Title: AROGUNDADE PETER SUNDAY

Name and Title:

Address: 2093 SAN JOSE BLVD  
ORLANDO FL. 32808

Address:

FILED

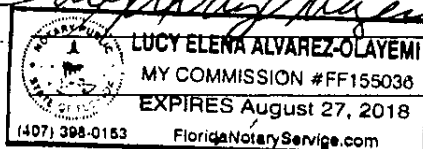
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_



Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

EMMANUEL OLUSEGUN OLAYEMI  
2093 SAN JOSE BLVD  
ORLANDO FL. 32808

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

EMMANUEL OLUSEGUN OLAYEMI  
2093 SAN JOSE BLVD  
ORLANDO FL. 32808

*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

03-06-2015

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.*

Required Signature/Incorporator

03-06-2015

Date