

P15000065021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

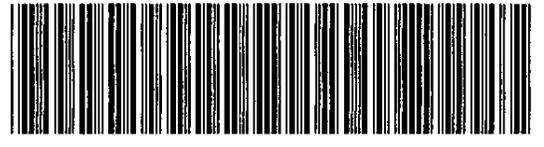
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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06/19/15--01007--010 \*\*78.75

15 JUL 31 PM 12:47  
Arlington, VA

W15-43062

ump 8/4

Florida Department of State

June 16, 2015

Re: Ead Management Inc

Please be advised that we had requested to get the company dissolved and we received the certificate of dissolution in the assumption that we will no longer need this company operating. But it came to our attention recently that we shouldn't have dissolved this company since it is still linked to various operations and transaction that we will be conducting in the future. Please be advised that we care for having the same name registered in the state of Florida even if it is under the different corporate id number, our concern is registering the same name which is Ead Management Inc.

For clarification we are not reinstating the business, we are establishing a new corporation but using the same business name.

For further information, please feel free to contact us at 313-253-0161 ext 1001.

Thank you in advance,

Sincerley

  
President



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 23, 2015

BILAL EAD  
5504 PINE SHADE CT.  
ORLANDO, FL 32819

SUBJECT: EAD MANAGEMENT INC  
Ref. Number: W15000043062

We have received your document for EAD MANAGEMENT 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 forms submitted is the format for "Online Filings" only.

We are enclosing the proper form(s) with instructions for your convenience.

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: 215A00013175

## COVER LETTER

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

**SUBJECT:** EAD MANAGEMENT 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:** BILAL EAD  
Name (Printed or typed)

5504 PINE SHADE CT  
Address

ORLANDO , FLORIDA 32819  
City, State & Zip

3132530161  
Daytime Telephone number

RACHA@MYTAXCORP.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: EAD MANAGEMENT INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5504 PINE SHADE CT  
ORLANDO, FL 32819

Mailing address, if different is:  
C/O 6845 GREENFIELD RD STE 100  
DETROIT, MI 48228

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

management

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**ARTICLE IV SHARES**

The number of shares of stock is: 60,000

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

Name and Title: BILAL EAD pr Name and Title: \_\_\_\_\_

Address 5504 PINE SHADE CT Address: \_\_\_\_\_  
ORLANDO, FL 32819 \_\_\_\_\_

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

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

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

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

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: BILAL EAD  
Address: 5504 PINE SHADE CT  
ORLANDO, FL 32819

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**ARTICLE VII INCORPORATOR**

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

Name: BILAL EAD  
Address: 5504 PINE SHADE CT  
ORLANDO, FL 32819

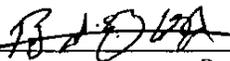
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

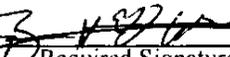
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

07/01/2015  
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

7-1-2015  
Date