

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
AUG 10 2015

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

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

15 JUL 31 PM 12:47
F. 11/11/15

ARTICLE VII INCORPORATOR

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

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

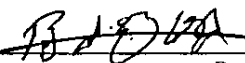
ARTICLE VIII EFFECTIVE DATE:

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

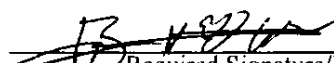
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 07/01/2015
Required Signature/Registered Agent 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.

 7-1-2015
Required Signature/Incorporator Date