

P/5000078206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

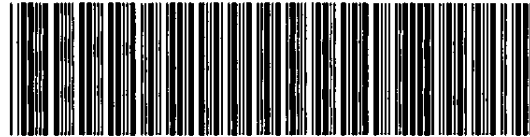
(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

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09/15/15--01016--010 **87.50

EFFECTIVE DATE
9-11-15

2015 SEP 15 PM 4: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P/5000078206

COVER LETTER

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

SUBJECT: Eachus Properties, 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: Roberta Eachus
Name (Printed or typed)

P.O. Box 921
Address

Winter Park, FL 32790
City, State & Zip

407-369-0037
Daytime Telephone number

robertaeachus@gmail.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)

FILED
2015 SEP 15 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: Eachus Properties, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
475 Shoreview Ave. _____ P.O. Box 921 _____
Winter Park, FL 32789 _____ Winter Park, FL 32790 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Property Management

EFFECTIVE DATE
9-11-15

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Roberta Eachus President</u>	Name and Title:	_____
Address	<u>475 Shoreview Ave.</u>	Address:	_____
	<u>Winter Park, FL 32789</u>		_____

Name and Title:	<u>Angie Wheeler Secretary</u>	Name and Title:	_____
Address	<u>475 shoreview Ave</u>	Address:	_____
	<u>Winter Park, FL 32789</u>		_____

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: Roberta Eachus
 Address: 475 Shoreview Ave.
 Winter Park, FL 32789

ARTICLE VII INCORPORATOR

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

Name: Roberta Eachus
 Address: P.O. Box 921
 Winter Park, FL 32790

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/11/15. (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.

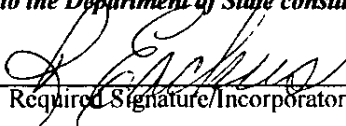
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 Required Signature/Registered Agent

09-11-2015
 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

09-11-2015
 Date