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(Requestor's Name)

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COVER LETTER

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

SUBJECT: EDDIEVAN UNLIMITED 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: LAVON E WASHINGTON

Name (Printed or typed)

599 GREENSPRING CIRCLE

Address

WINTER SPRINGS FL 32708

City, State & Zip

407-748-1041

Daytime Telephone number

EDDIEVAN 2@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: EDDIEVAN UNLIMITED INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
599 GREENSPRING CIRCLE

WINTER SPRINGS FL 32708

Mailing address, if different is:

599 GREENSPRING CIRCLE

WINTER SPRINGS FL 32708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DISTRIBUTION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LAVON E WASHINGTON Name and Title: _____

Address 599 GREENSPRING CIRCLE Address: _____

WINTER SPRINGS FL 32708 _____

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: LAVON E WASHINGTON
Address: 599 GREENSPRING CIRCLE
WINTER SPRINGS FL 32708

ARTICLE VII INCORPORATOR

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

Name: LAVON E WASHINGTON
Address: 599 GREENSPRING CIRCLE
WINTER SPRINGS FL 32708

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

06-29-2016

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

06-29-2016

Date