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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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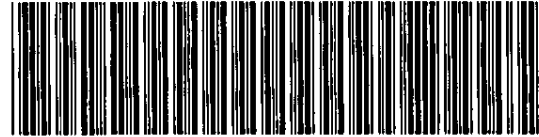
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEC. OF STATE
TALLAHASSEE, FLORIDA

M. MOON
JAN 17 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2016

DAVID FRATER SMITH
3709 SW WYCOFF ST
PORT ST LUCIE, FL 34953

SUBJECT: EDASM INVESTMENT CORPORATION
Ref. Number: W16000085657

We have received your document for EDASM INVESTMENT CORPORATION and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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) 245-6939.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 016A00027330

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RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: EDA Consulting Corp
(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: DAVID FRATER SMITH
Name (Printed or typed)

3709 SW WYCOFF STREET
Address

PORT SAINT LUCIE, FLORIDA 34953
City, State & Zip

404-731-1845
Daytime Telephone number

DSMITH2744@GMAIL.COM
E-mail address: (to be used for future annual report notification)

17 JAN 17 PM 12:27

SECRET
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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: EDASM INVESTMENT CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3709 SW WYCOFF STREET

PORT SAINT LUCIE, FLORIDA 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ^{For} PROFIT (PROFESSIONAL SERVICES)

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID FRATER SMITH / OWNER Name and Title:

Address 3709 SW WYCOFF STREET
PORT SAINT LUCIE, FLORIDA
34953

Address:

Name and Title: Name and Title:

Address

Address:

Name and Title: Name and Title:

Address

Address:

FILED STATE
SEC. OF STATE
TALLAHASSEE, FLORIDA
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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: DAVID FRATER SMITH

Address: 3709 SW WYCOFF STREET

PORT SAINT LUCIE, FLORIDA 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID FRATER SMITH

Address: 3709 SW WYCOFF STREET

PORT SAINT LUCIE, FLORIDA 34953

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 days prior or 90 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

David Frater Smith
Required Signature/Registered Agent

12/14/12
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.

David Frater Smith
Required Signature/Incorporator

12/14/12
Date

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SECRETARY
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