## PIOCOCOIOII

(Re	equestor's Name)	<del></del>
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Dc	ocument Number)	<del>.</del>
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## **COVER LETTER**

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

SUBJECT: EDD AT	JTOMATION CONTROL, INC		
30b3te1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
■ \$70.00 Fiting Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM:	Nam	e (Printed or typed)	
4(0)	PALM AVENUE	Address	
HIA	ALEAH,FL 33010		
	City.	, State & Zip	
305	-904-3063		
<del></del>	Daytime 1	Telephone number	
ntav	rio@yahoo.com		
	E-mail address: (to be use	d for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

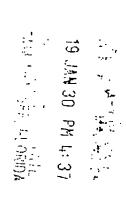
## **CONSENT LETTER**

JANUARY 24, 2019

I, EDUARDO V GARCIA PRESIDENT OF A CORPORATION NAMED EDD AUTOMATION CONTROL, INC DOCUMENT # P17000086772 INFORMS THE FOLLOWING: THAT THE ABOVE MENTIONED CORPORATION WAS DISSOLVED ON 09/28/2018 FOR ANNUAL REPORT. I DON'T WANT TO REACTIVE THIS CORPORATION THEREFORE RELEASING THE NAME. AT THE SAME TIME I WANT TO USE SAME NAME FOR A NEW FLORIDA CORPORATION. ENCLOSED PLEASE FIND NEW DOCUMENTS AND CASHIER CHECK TO FILE NEW CORPORATION.

EDUARDO V GARCIA

**PRESIDENT** 



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLE II PRIN	CIPAL OFFICE Principal street address	Mai	ling address, if different is:
EST 5TH STRE	ET APT 19	SAME	
LEAH, FL 33010			
FICLE III PURI purpose for which	POSE the corporation is organized is:		
Y AND ALL LAV	FUL BUSINESS		
<del></del>			
		··· · · · · · · · · · · · · · · · · ·	,., <u>.</u>
TICLE IV SHAP number of shares (	RES 100 f stock is:		
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Name a	nd Title:	Name and Title:		
Addres	SS	Address:		
	REGISTERED AGENT	IN each of the call of the		
Name:	Florida street address (P.O. Box NOT acceptab EDUARDO V. GARCIA	e) of the registered agent is:		
•	40 WEST 5TH STREET APT 19			
	HIALEAH, FL 33010		6	
ARTICI F VII	<u>INCORPORATO</u> R		JAN 30	
	address of the Incorporator is:			
Name:	EDUARDO V. GARCIA		PH 4: 37	
Address:	40 WEST 5TH STREET APT 19		37	
	HIALEAH, FL33010			
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, i (If an effective filing.)	if other than the date of filing:	. (OPTIONAL) innot be more than five days pr	rior or 90 days after the	
	te inserted in this block does not meet the applic effective date on the Department of State's reco		, this date will not be listed as	
	amed as registered agent to accept service of pro I am familiar with and accept the appointment a			
	A 110.		01/24/2019	
	Required Signature/Registered Agent		Date	
	ocument and affirm that the facts stated herein Department of State constitutes a third degree j			
			01/24/2019	
Req	uired Signature/Incorporator		Date	