P21000101869

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/2/21

NAME: EDEN PROPERTIES, INC.

TYPE OF FILING: ARTICLES

COST:

78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2021

FLORIDA FILING

SUBJECT: EDEN PROPERTIES, INC.

Ref. Number: W21000153870

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 921A00029009

PRASE KREP Original file date. Thank you!

www.sunbiz.org

COVER LETTER

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

	Eden House Properties, Inc.			
SUBJECT:	(PROPOSED CORPOR	ate namé – <u>Must incl</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	PPY REQUIRED	
FROM:	Glenn R. Abel Name (Printed or typed)			
	16055 Сар	nto Drive, Suite F		
		Address		
	Morgan Hill, CA 95037 City, State & Zip			
		778-4650	·	
	•	@yahoo.com		
	E-mail address: (to be use	d for future annual report n	otification)	

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 corporat	ion shall be: Eden House I	Properties, Inc.		
<u>ARTICLE II PRINC</u>		Mailing addres	Mailing address, if different is:	
ARTICLE III PURPO The purpose for which the	ASE the corporation is organized is:			
Management of Pro	operties			
			12 13	
			当然 宣	
			10. 7	
		· · · · · · · · · · · · · · · · · · ·	77 _ 3	
			<u> </u>	
	L OFFICERS AND/OR DIRECTORS			
Name and Title:	Mike Eden, President			
Address	3363 Rivlera Drive	Address:		
	Key West, FL 33040			
Name and Title	Colleen Eden, Vice President	Name and Title:	·	
	444 P. I. P. I	A 1.1		
Address	Key West, FL 33040	Address:		
-				
Name and Title:		Name and Title:	· · · · · · · · · · · · · · · · · · ·	
Address		Address:	······································	
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Name a	nd Title:	Name and Title:
Address		Address:
		
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptabl	e) of the registered agent is:
Name:	Mike Eden	
Address:	3363 Riviera Drive	
	Key West, FL 33040	
ARTICLE VII	INCORPORATOR	
The name and a	ditress of the incorporator is:	E STAT
Name:	Glenn R. Abel	——————————————————————————————————————
Address:	16055 Caputo Drive, Suite F	
	Morgan Hill, CA 95037	
ARTICLE VIII	<u>EFFECTIVE DATE:</u>	
Effective date, if (If an effective of filing.)	f other than the date of filing: date is listed, the date must be specific and ca	
	e inserted in this block does not meet the applications of the contract of the department of State's reconstructions.	able statutory filing requirements, this date will not be listed as rds.
Having been nas certificate, I am ,	ned as registered agent to accept service of proce familiar with and accept the appointment as regi	ess for the above stated corporation at the place designated in this istered agent and agree to act in this capacity
	mile El.	1//28/21
	Required Signature/Registered Agent	/ Date
I submit this do: document _t to the	cument and affirm that the facts stated herein Department of State constitutes a third degree fe	are true. I am aware that the false information submitted in a elony as provided for in s.817.155, F.S.
Dla	on & abel	14/23/21
Required Signati	ure/Incorporator	Date