

P 11000099216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

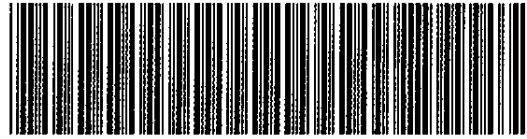
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 NOV 16 PM 3:55

JP 11/17/11

COVER LETTER

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

SUBJECT: Eager Minds, 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: Charles Stinson

Name (Printed or typed)

424 E Central Blvd Suite 520

Address

Orlando, Florida 32801

City, State & Zip

407-399-0257

Daytime Telephone number

charles@eagerminds.com

E-mail address: (to be used for future annual report notification)

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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)

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SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLE I NAME Eager Minds, Inc.
The name of the corporation shall be:

2011 NOV 16 PM 3:55
Mailing address, if different is:

ARTICLE II PRINCIPAL OFFICE
Principal street address
424 E Central Blvd Suite 520
Orlando, Florida 32801

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

Eager Minds, Inc. is a for-profit web design and software development corporation.

ARTICLE IV SHARES
The number of shares of stock is: 2000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kelly Stinson
Address: Executive Officer
424 E Central Blvd Suite 520
Orlando, Florida 32801

Name and Title: Charles Stinson
Address: Financial Officer
424 E Central Blvd Suite 520
Orlando, Florida 32801

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Charles Stinson
Address: 602 Whisper Sound
Minneola, FL 34715

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charles Stinson
Address: 424 E Central Blvd Suite 520
Orlando, Florida 32801

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

Charles Stinson

Required Signature/Registered Agent

Nov 14 2011

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.

Charles Stinson

Required Signature/Incorporator

Nov 14 2011

Date