

P16000025.701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

P

Office Use Only



900280683379

01/07/16--01030--005 **79.75

W6-1923
3827

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 18 PM 4: 50

FILED

03-28-16
J

COVER LETTER

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

SUBJECT: EGLEA'S SUNCOAST ENTERPRISE, 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: EGLE VENCKUS
Name (Printed or typed)

1815 NE 6th St.
Address

Cape Coral, FL 33909
City, State & Zip

408-557-5830
Daytime Telephone number

eglevencus@yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2016

EGLE VENCKUS
1815 NE 6TH STREET
CAPE CORAL, FL 33909

SUBJECT: A LIT ENTERPRISES, INC
Ref. Number: W16000003827

We have received your document for A LIT ENTERPRISES, INC and your check(s) totaling \$78.75. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 116A00001259

RECEIVED
CORPORATIONS
JAN 20 2016
16 FEB 9 09:11:05
CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2016

EGLE VENCKUS
1815 NE 6TH STREET
CAPE CORAL, FL 33909

SUBJECT: A SUNCOAST ENTERPRISE, INC.
Ref. Number: W16000003827

We have received your document for A SUNCOAST ENTERPRISE, INC. and your check(s) totaling \$78.75. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 416A00002789

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 18 AM 11: 18

RECEIVED

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: EGLEA'S SUNCOAST ENTERPRISE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 1815 NE 6th St, Cape Coral, FL 33909

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 7500

FILED 16 MAR 18 PM 4:50 SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EGLE VENCUS (P) Name and Title: GINTARAS VENCUS (V)
Address: 1815 NE 6th St, Cape Coral, FL 33909 Address: 1815 NE 6th St, Cape Coral, FL 33909

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: EGLE VENCKUS
Address: 1815 NE 6th St.
Cape Coral, FL 33909

FILED
16 MAR 18 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: EGLE VENCKUS
Address: 1815 NE 6th St.
Cape Coral, FL 33909

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

3.14.16

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

3.14.16

Date