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| Certified Copies        | Certificates      | s of Status |
| Special Instructions to | Filing Officer:   |             |
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## TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: Eggle Lunble The (Name of corporation - must include suffix)  |   |
| Dear Sir or Madam:   |   |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.           |   |
| Please return all correspondence concerning this matter to the following:  Gary W. Norman  (Name of Person)  Eggle Lymber Fnc  (Firm/Company)  1745 Maple Rd # 201  Honeway Formal Conditions (Address)  (City/State and Zip code)                       | 7 |
| For further information concerning this matter, please call:  Gary Norman at (108), 932-9184   |   |
| (Name of Person) (Area Code & Daytime Telephone Number)  |   |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassec, FL 32399  Enclosed is a check for the following amount:  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 |   |
| S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy  |   |

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated) (Duration: (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Purpose(s) of corporation additionized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Office Address:

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

James M. Halpin

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

| A. DIRECTORS  Chairman: Gary W. Norman  Address: 1745 Maple RL #201  Homeword, It 60430  Vice Chairman:         |  |
|---|--|
| Chairman: Gary W. Norman  Address: 1745 Maple Rd #201  Homewood, It 60430  Vice Chairman:                       |  |
| Address: 1745 Maple Rd #201  Hamewood, It 60430  Vice Chairman:  Address:                                       |  |
| Vice Chairman:  Address:  |  |
| Address:  |  |
| Address:  |  |
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| Director:   |  |
| Address:  |  |
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| Director  | Contract of the Contract of th |
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| B. OFFICERS   |  |
| President: Gary V-NOT man   |  |
| Address: 1745 Maple RJ #24  |  |
|   | <u> </u>   |
| Vice President:   |  |
|   |  |
| Address:  |  |
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| Scoretury:  | <u>-</u>   |
| Address:  | <del></del>  |
| Treasurer:  |  |
| Address:  |  |
|   |  |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |  |
| 13. Dary Willamore  |  |
| (Signature of Shairman, Vice Chairman, or any officer listed in number 12 of the application)                   |  |
| (Typed or printed name and capacity of person signing application)  |  |

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## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **EAGLE LUMBER, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 2, 2003, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on May 14, 2003.

DEAN HELLER
Secretary of State

By asqueline way

Certification Clerk