# F09000003771

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Bu	siness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE
ALLAHASSEE, FLORINA

W09000038817 W09000033522

Ef 9/23/09



### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 27, 2009

STACEY LANGSTON PO BOX 4378 MILTON, FL 32572-4378

SUBJECT: DOUBLE EAGLE OF THE SOUTHEAST, INC.

Ref. Number: W09000038817

We have received your document for DOUBLE EAGLE OF THE SOUTHEAST, INC. and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6062.

Eula Peterson Regulatory Specialist II

Letter Number: 009A00028961

99 SEP 21 PH IZ: I



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 24, 2009

ROBERT M. HESS PO BOX 11123 PENSACOLA, FL 32524-1123

SUBJECT: DOUBLE EAGLE, INC. Ref. Number: W09000033922

We have received your document for DOUBLE EAGLE, INC. and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name in your document is not available since it is the same as, or it is not distinguishable from the name of an existing entity. Therefore, the enclosed document cannot be filed and is being returned to you.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson Regulatory Specialist II

Letter Number: 809A00025544

e attached

EPARTHENT OF STATE

Division of Cornerations - P.O. ROY 6397 -Tallahassae, Florida 39314

## COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJI	ECT: Double Eagle, Inc.	
		orporation - must include suffix
Dear S	ir or Madam:	
"Certifi		ration for Authorization to Transact Business in Florida," nitted to register the above referenced foreign corporation to
Please	return all correspondence concerning the	his matter to the following:
	St	acey Langston
		Name of Person
	Do	uble Eagle, Inc.
	1	Firm/Company
	P	.O. Box 4378
		Address
	Miltor	ı, FL 32572-4378
	Cit	y/State and Zip code
		agleinc@gmail.com
	E-mail address: (to	be used for future annual report notification)
For furt	her information concerning this matter	, please call:
Stacey	/ Langston at (	
	Name of Person	Area Code & Daytime Telephone Number
(	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed	d is a check for the following amount:	
\$70.6	00 Filing Fee \$\sqrt{\sq}}}}}}}}}}}}}} \simptintitender\sintitend{\sintitend{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	

# 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.

1. Double Eag				
	corporation; must include "INCORPORAT forp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	
	le of the Southeast, Inc.			
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida)	
<sub>2.</sub> Alabama		3	58-2222109	
	under the law of which it is incorporated)		(FEI number, if applicable)	
4. 01/08/1996		5.	Perpetual	•
(Date	of incorporation)		(Duration: Year corp. will cease to exist Experpedial")	- PENERAL
6.			SE	The second se
<sub>7</sub> 3212 Glade [			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
	(Principal office	add	ress)	1
P.O. Box 437	78, Milton, FL 32572-4378		ORIE 39	ı
	(Current mailing	add	ress)	
8. Construction				
(Purpose(s	s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)	
9. Name and stree	et address of Florida registered agent: (	P.C	D. Box NOT acceptable)	
Name:	Stacey Langston			
Office Address:	3212 Glade Drive			
	Milton		, Florida <u>32583</u>	
	(City)		(Zip code)	

#### 10. 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.

(Registered agent's signature)

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.

Chairman: Address:  Vice Chairman: Address:  Director: Address:  Director: Address:  B. OFFICERS  President: Robert M. Hess	12. Names and business addresses of officers and/or directors:	
Address:  Vice Chairman: Address:  Director: Address:  Director: Address:  B. OFFICERS  President: Robert M. Hess Address:  P.O. Box 4378  Milton, FL 32572-4378  Vice President: Address:  Secretary: Address:  Address:  Secretary: Address:	A. DIRECTORS	
Vice Chairman: Address:  Director: Address:  B. OFFICERS  President: Robert M. Hess Address: P.O. Box 4378 Milton, FL 32572-4378  Vice President: Address:  Secretary: Address:  Address:  Treasurer:	Chairman:	
Vice Chairman:  Address:  Director:  Address:  Director:  Address:  B. OFFICERS  President: Robert M. Hess  Address:  P.O. Box 4378  Milton, FL 32572-4378  Vice President:  Address:  Secretary:  Address:  Treasurer:	Address:	
Address:  Director: Address:  Director: Address:  B. OFFICERS  President: Robert M. Hess Address:  P.O. Box 4378  Milton, FL 32572-4378  Vice President: Address:  Secretary: Address:  Treasurer:		
Director: Address: Director: Address:  B. OFFICERS President: Robert M. Hess Address: P.O. Box 4378 Milton, FL 32572-4378  Vice President: Address:  Secretary: Address: Treasurer:	Vice Chairman:	
Director: Address:  Director: Address:  B. OFFICERS  President: Robert M. Hess  Address: P.O. Box 4378  Milton, FL 32572-4378  Vice President: Address:  Address:  Treasurer:	Address:	
Address:  Director:  Address:  B. OFFICERS  President: Robert M. Hess  Address: P.O. Box 4378  Milton, FL 32572-4378  Vice President:  Address:  Secretary:  Address:  Treasurer:	<del></del>	
Director:  Address:  B. OFFICERS  President: Robert M. Hess  Address: P.O. Box 4378  Milton, FL 32572-4378  Vice President:  Address:  Secretary:  Address:  Treasurer:	Director:	
Director: Address:  B. OFFICERS  President: Robert M. Hess  Address: P.O. Box 4378  Milton, FL 32572-4378  Vice President: Address:  Secretary: Address: Treasurer:	Address:	
Address:  B. OFFICERS  President: Robert M. Hess  Address: P.O. Box 4378  Milton, FL 32572-4378  Vice President: Robert M. Hess  Address: Robert M. Hess  Milton, FL 32572-4378  Vice President: Robert M. Hess  Address: Rob		
Address:  B. OFFICERS  President: Robert M. Hess  Address: P.O. Box 4378  Milton, FL 32572-4378  Vice President: Robert M. Hess  Address: Robert M. Hess  Milton, FL 32572-4378  Vice President: Robert M. Hess  Address: Rob	Director:	
B. OFFICERS  President: Robert M. Hess  Address: P.O. Box 4378  Milton, FL 32572-4378  Vice President: Robert M. Hess  Address: Robert M. Hess  Milton, FL 32572-4378  Vice President: Robert M. Hess  Address: Robert M. Hes		
President: Robert M. Hess  Address: P.O. Box 4378  Milton, FL 32572-4378  Vice President: Treasurer:  Address: Secretary: Address: Treasurer:		
Address: P.O. Box 4378  Milton, FL 32572-4378  Vice President: FL SECULAR  Address: Secretary: Address: Treasurer:	B. OFFICERS	÷
Address: P.O. Box 4378  Milton, FL 32572-4378  Vice President:  Address:  Secretary:  Address:  Treasurer:	President: Robert M. Hess	1 2 2 3 3 4 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4
Milton, FL 32572-4378  Vice President:  Address:  Secretary:  Address:  Treasurer:	5 0 5 10=0	SEP
Address:	Milton, FI, 32572-4378	ASS. 2
Address:	Vice President:	He R
Secretary:		SIA 3
Address:		Dm D
Address:	Secretary:	
Treasurer:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	r directors.
13. \( \frac{13.}{\text{Signature of Director or Officer listed in number 12 of the application} \)		
Dobont M. Hogo	••	

(Typed or printed name and capacity of person signing application)

Beth Chapman Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

# STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Double Eagle, Inc. incorporated in Baldwin County, Gulf Shores, Alabama on January 8, 1996. I further certify that the records do not disclose that said Double Eagle, Inc. has been dissolved.

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SECHE LARY OF STATE
AHASSEE, FLORIDA



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

September 10, 2009

Date

Beth Chapman

Beth Chapman

Secretary of State