

F13000004312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

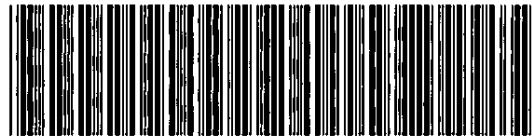
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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DIVISION OF CORPORATIONS
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Ps 10/7/13

Makara & Associates_{LLC}

Certified Public Accountants and Consultants

September 25, 2013

Florida Secretary of State
New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

**SUBJECT: EAGLE SURPLUS INC
FOREIGN CORP REGISTRATION**

To Whom It May Concern:

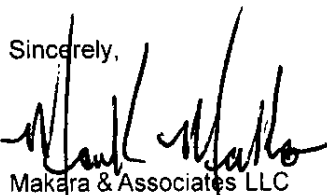
Enclosed is our clients Application for the Registration of a Foreign Corporate Name and the \$87.50 filing fee on our check number 1581.

We are also enclosing the State of Indiana's. Secretary of State, Certificate of Existence.

We are respectfully requesting that you advise us when the filing is complete, so that we can timely file the DR-1 with the Department of Revenue and begin to collect sales tax on or by October 1st.

Please feel free to contact us if you have any questions or need further information.

Sincerely,



Makara & Associates LLC
Certified Public Accountants

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EAGLE SURPLUS INC

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," or "Certificate of Good Standing" 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:

PAT ANDERSON

Name of Person

EAGLE SURPLUS INC

Firm/Company

Address

9140 LAKE SHORE COURT, New Haven, Ill 46774

City/State and Zip code

anderson01850185@comcast.net

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

For further information concerning this matter, please call:

MARK MAKARA, CPA at **(239) 364-9688**

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 is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & 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.

1. EAGLE SURPLUS INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. INDIANA

(State or country under the law of which it is incorporated)

3. 27-3754902

(FEI number, if applicable)

4. 10/25/1999

(Date of incorporation)

5.

Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 10/15/2013

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9140 LAKE SHORE COURT, NEW HAVEN, INDIANA 46774

(Principal office address)

9140 LAKE SHORE COURT, NEW HAVEN, INDIANA 46774

(Current mailing address)

8. RETAIL SALES OF SURPLUS PRODUCTS

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: PAT ANDERSON

Office Address: - 1790 IMPERIAL GOLF COURSE BLVD #105A

NAPLES

(City)

, Florida 34110

(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORSChairman: SCOTT EAGLESONAddress: PO BOX 510NEW HAVEN, INDIANA 46774

Vice Chairman: _____

Address: _____

Director: PAT ANDERSONAddress: 1790 Imperial Golf Course Road #105ANADES, FL 34110

Director: _____

Address: _____

B. OFFICERSPresident: SCOTT EAGLESONAddress: PO BOX 510NEW HAVEN, INDIANA 46774

Vice President: _____

Address: _____

Secretary: SCOTT EAGLESONAddress: PO BOX 510, NEW HAVEN, INDIANA 46774

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. Pat Anderson

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Pat Anderson, Director

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

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STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

EAGLE SURPLUS INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 25, 1999, and was in existence or authorized to transact business in the State of Indiana on August 30, 2013.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Thirtieth Day of August, 2013.

Connie Lawson

Connie Lawson, Secretary of State

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