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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: I20160000017

Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future O annual report mailings. Enter only one email address please \*\* 13

## FOREIGN PROFIT/NONPROFIT CORPORATION EAGLEHAWK ONE, INC.

Certificate of Status	0
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Page Count	04
Estimated Charge	\$78.75

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Electronic Filing Menu

Corporate Filing Menu

Help

under the law of which it is incorporated.

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

EngloHawk Or	•		<del></del>
(Enter name of "Isc.," "Co.," "(	ocrporation; must instade "TNCORP( Corp," "Inc," "Co," or "Corp.")	DRATED," "COMPANY," "CORPORATION."	
Delawere	•	rate name adopted for the purpose of transacting business in Pi	orida)
(State or count	ry under the law of which it is incorp		
(Date	e of incorporation)	(Date of duration, if other then perpetual)	- 1 360 JUN
819 South Park	(Date first transacted I (SBE SECTIONS 607.1501 Avenue, Buffalo, NY 14219	business in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)	29
		(Principal office address)	- 19 Mar 9
· · · · · · · · · · · · · · · · · · ·	(Curr	ont mailing oddress, if different)	一 第 2
vame and <u>stree</u> Name:	nt address of Plorida registered age Capitol Corporate Services, Inc.	ont: (P.O. Box <u>NOT</u> acceptable)	,-
co Address:	515 East Park Avenue, 2nd Ploor		
	Tallahassee	, Florida 32301	
	(City)	(Zip code)	
ing been nam grated in this her agree to co	application, I hereby accept the comply with the provisions of all si	ept service of process for the above stated corporation a appointment as registered agent and agree to act be this latites relative to the proper and complete performance ations of my position as registered agent.	capacity. I
	Kim Tadlock	Kim Tadlock, Asst. Sec. on behalf of Capitol Corporate Services, Inc.	
		ristered agent's signature)	

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18 JUN 29 AM 9: 02

14 1 AM 19: FI CHOLE

II. Nar	mas and business addresses of officers and/or directors:	. :~j
. DIR	RECTORS	
hairmar	Patrick Wulsh	
.ddrass:	3819 South Park Avenue	
	Buffalo, NY 14219	
ive Cha	airman:	
विवास्त्रक्ष:		
restor:	Willard Schulmaister	
ldress:	3B19 South Park Avenue	_
iuress.	Buffalo, NY 14219	
rector:	Joseph Weiss	
ldress:	3819 South Park Avenue	
	Buffala, NY 14219	
OPPI	Patrick Walsh, CBO  3819 South Park Avenue	
idresa:		
	Monte	<u> </u>
dress-		· <u>-</u> ·
retary:	Willard Schulmeister	
-	3819 South Park Avenue, Buffato, NY 14219	
- Asurer:	Patrick Walsh	_
	3819 South Ferk Avenue, Buffalc, NY 14219	_
TE: I	If necessary, you may stach an addendum to the application listing additional officers and/or directors.	
	Signature of Diseason on Office	_
true an ind deg	Signature of Director or Officer ar or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitute gree felony as provided for in 9.817.155, P.S.	\$
Patric	k Walsh, CEO	_
	(Typed or printed name and capacity of person signing application)	

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## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EAGLEHANK ONE, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EAGLEHANK ONE, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

18 JUN 29 AM 9: 02 SHORFTARY OF STATE

6889158 8300 SR# 20185166990

You may verify this certificate online at corp.delaware.gov/authver.shtml

MSIC,

Authentication: 202887790

Date: 06-14-18