# F19000000381

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### **COVER LETTER**

TO:	Registration Sec Division of Corp					
SUBJ		NSTALLATIONS,	INC.			
3013	LC1	Name o	f corporation	ı - must include su	ffix	
Dear S	ir or Madam:					
"Certi	iclosed "Applicati ficate of Existence referenced foreign	e," or "Certificate	of Good Sta	Authorization to Inding and check a less in Florida.	Fransact Busi are submitted	ness in Florida," to register the
	return all corresp A T SOUCIE	ondence concerni	ng this matte	r to the following:		
			Name of	Person		-
EAGL	E INSTALLATION	IS, INC.				
100 A	UTUMN AVE		Firm/Con	npany		
	<del> </del>		Addr	ess	<del></del>	
FREE	PORT, FL 32439					
			City/State a	ınd Zip code		
Isoucie	e@verizon.net					
		E-mail address	(to be used	for future annual r	eport notifica	ation)
For fu	rther information	concerning this m	atter, please	call:		
LINDA T SOUCIE		817 at (	680-0551	680-0551		
	Name of Person	1	Area Coo	de Daytime	Telephone N	lumber
	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations B Center Circle	S:	Registra Divisio P.O. Bo	ING ADDRE ation Section of Corporat ox 6327 ssee, FL 323	ions
Enclos	sed is a check for	the following amo	ount:			
<b>□</b> \$7	0.00 Filing Fee	\$78.75 Filing Certificate of	-	3 \$78.75 Filing For Certified Copy		687.50 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 INSTA	LLATIONS, INC.						
•-	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")							
	EAGLE INSTA	LL, INC.		, ) , )				
	(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business	ير (in Florida				
2.	TEXAS	3.	20-2483903	۰				
4	03/03/2005	y under the law of which it is incorporated)  5.	(FEI number, if applicable)					
٦.	(Date	of incorporation)	(Date of duration, if other than perp	etual)				
6.								
	100 AUTUMN A		n Florida, if prior to registration) 502, F.S., to determine penalty liability)					
7.		(Princi	pal office address)	<del></del>				
	16400 US HWY	331S SUITE B2 #277 FREEPORT, FL 3243	9					
	(Current mailing address, if different)							
8.	Name and stree	t address of Florida registered agent: (P.	O. Box NOT acceptable)					
	Name:	LINDA T. SOUCIE						
O	ffice Address:	100 AUTUMN AVE						
		FREEPORT	32439 , Florida					
		(City)	(Zip code)					

9. 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)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: \_ Vice Chairman: Address: \_ LINDA T SOUCIE Director: 100 AUTUMN AVE Address: FREEPORT, FL 32439 HAROLD E SOUCIE JR Director: 100 AUTUMN AVE Address: FREEPORT, FL 32439 **B. OFFICERS** LINDA T SOUCIE President: 100 AUTUMN AVE Address: FREEPORT, FL 32439 HAROLD E SOUCIE, JR Vice President: \_ 100 AUTUMN AVE Address: FREEPORT, FL 32439 Secretary: Address: \_ Treasurer: \_\_ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. LINDA T. SOUCIE, PRESIDENT 13. (Typed or printed name and capacity of person signing application)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

#### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for Eagle Installations, Inc. (file number 800462109), a Domestic For-Profit Corporation, was filed in this office on March 03, 2005.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 14, 2019.



Phone: (512) 463-5555

Prepared by: SOS-WEB

David Whitley Secretary of State

Fax: (512) 463-5709

Dial: 7-1-1 for Relay Services Document: 860932590003