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(Re	equestor's Name)				
(Ad	dress)				
(Address)					
(Cit	ty/State/Zip/Phone	· #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: <u>Eagle Framing Inc.</u> 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:	
Pamela Wood	
Name of Person	
Fagle Framing, Inc.	
20395 Highway 25, Ste A	
Columbiana, AL 35051 Pam@buil+byeagle.com \(\sigma \)	
Pam@builtbyeagle.Com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
fan Wood at 205, 669-2333 =	
Name of Person Area Code Daytime Telephone Number-	_
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
\$78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy S87.50 Filing Fee. 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 Framing, Inc.	
	(Enter name of corporation; must include UNCORPORATED," "COMPANY," "CORPORATION,"	
	"lnc.," "Co.," "Corp." "lnc." "Co." or "Corp.")	
	Eagle Framing, Incorporated	
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida,)
2.	(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable)	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.		
	(Date of incorporation) 5. (Date of duration, if other than perpetual)	
6.	10/1/19	
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
		125
7	20395 Highway 25, Svile A Columbiana, A	
	$\leq 2 \times 2$	
	(Current mailing address, if different)	_
	,	
8.	Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
		<u>.</u> ±Ú
	Name: Capito/ Corporate Irvices, Inc.	- ا ب
Οf	Name: Capitol Corporate Services, Inc. Tice Address: 515 Fost Park Ave. 2nd FL	: 1
	Tallaharra = 20201	• •
	(City) (Zip code) - Ε	ي <u>ا</u>
	$\ddot{\omega}$	

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: <u>see attache</u> Address: Vice Chairman: Address: ____ B. OFFICERS Vice President: Address: Secretary: Address: ______ Address: **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. Chuck amala

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.

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

Eagle Framing Inc Shareholder Information 2019

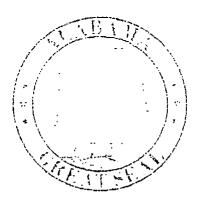
Robert F McLeroy 104 Beacon Drive Columbiana, AL 35051	President\Shareholder	51%
David C Oakes 150 Joal Lane Wilsonville, AL 35186	Vice President\Shareholder	20%
Scott Vansant 1892 Highway 30 Columbiana, AL 35051	Secretary\Shareholder	10%
Chuck Arnold 1245 Alston Farm Rd Columbiana, AL 35051	Treasurer\Shareholder	10%
Pam Wood 1524 Cypress Cove Circle Hoover, AL 35244	Office Manager\Shareholder	5%
Mailon McLeroy 104 Beacon Drive Columbiana, AL 35051	Shareholder	4%
		100%

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Eagle Framing, Inc. was formed in Shelby County, Alabama on March 28, 2005. The Alabama Entity Identification number for this entity is 240-545. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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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.

08/27/2019

Date

X 74. Merill

John H. Merrill

Secretary of State