# FA400001068

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T. LEMIEUX FEB 2 6 2024

#### **COVER LETTER**

TO:		tration Section ion of Corporations			
SUBJI	ECT:	Eaglewell Group, Inc.			
Name of corporation - must include suffix					
Dear Si	ir or M	adam:			
"Certifi	icate o		Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the is in Florida.	
Please	return	all correspondence concerning	this matter	to the following:	
Eric Sta	inge				
			Name of	Person	
N/A					
			Firm/Com	pany	
РО Вох	35786	5			
			Addre	SS	
Gainesv	ville, FL	32635			
		(	City/State a	nd Zip code	
eric.l.sta	ange@g	gmail.com			
		E-mail address: (t	o be used t	or future annual report notification)	
For fur	ther in	formation concerning this matt	er, please c	all:	
Eric Sta	Eric Stange 352 870-0		870-6015		
	Nam	e of Person	Area Cod	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclose Please r	nake ch	check for the following amounted payable to: FLORIDA DEPAING Fee	ARTMENT	OF STATE  \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

ı. Ea	aglewell Group	, Inc.			
		orporation; must include "INCORPORATED," "Corp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	N,"	•
(If	name unavaila	able in Florida, enter alternate corporate name ado	oted for the purpose of transacting	ng business in Florida)	
n.	elaware	·	0858357		
2. (	State or country	y under the law of which it is incorporated)	(FEI number, if ap	oplicable)	•
Ja 4.	anuary 18, 202	4 5			
т. —	(Date	of incorporation) 5	(Date of duration, if other	than perpetual)	•
6.					
		(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,		itv)	
_ 161	192 Coastal Hid	ghway, Lewes, Delaware 19958	v.o., to determine penalty habit	,	
7		(Principal office s	treet address)		•
	<u> </u>	(Current mailing ac	ldress, if different)	······································	
8. N	ame and stree	et address of Florida registered agent: (P.O. B	ox NOT acceptable)	202 SF	
	Name:	Northwest Registered Agent LLC	_		
Offic	e Address:	7901 4th St N STE 300	_	024FEB -9 AM11:52	
		St. Petersburg	_ , Florida <u></u>	Y OF S	m
		(City)	(Zip code)	E S	Ö
		ent's acceptance:		: 52	
desig furth	nated in this er agree to c	ed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes related with and accept the obligations of my positions.	t as registered agent and agre ive to the proper and comple	ee to act in this capa	city. I
		Tyler Name			
		(Registered agent's signa	ture)		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS						
□Chairman	Eric Stange Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chai⊓nan	Address:			
☑Director	Gainesville, FL 32635	□Director				
<b>□</b> President		□ President				
□Vice President	<del></del>	□Vice President				
☑ Secretary	□Treasurer	☐ Secretary	(	∃Treasurer		
□Other	Other	□Other		Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	<del></del>	□ Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	Secretary	(	]Treasurer		
Other	Other	□Other	[	Other		
□Chairman	Name:	□Chairman	Name:			
□ Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President	<del></del>	□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐Secretary	1	□Treasurer		
□Other	Other	□Other	[	Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12. 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.

Eric Stange, President



### State of Belaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8863411 ERIC STANGE PO BOX 357866 GAINESVILLE, FL 32635

01-30-2024

DESCRIPTION		AMOUNT
2958201 - EAGLEWELL GROUP, INC. Entity Status - Short Form		
Limity Status Short Form	Certification Fee	\$50.00
	Expedite Fee, 24 Hour	\$40.00
	TOTAL CHARGES	\$90.00
	TOTAL PAYMENTS	\$90.00
	BALANCE	\$0.00

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EAGLEWELL GROUP, 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 THIRTIETH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EAGLEWELL GROUP,

INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2024.

AND CONTRACTOR OF THE PARTY OF

Authentication: 202702761

Date: 01-30-24

2958201 8300 SR# 20240280823

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