

PO1000114580
TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-11/30/01--01079--019
*****87.50 *****87.50

SUBJECT: EAGLE STITCHES INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: WILSON AGUILAR
Name (Printed or typed)

908 WATER WAY VILLAGE CT
Address

WEST PALM BEACH, FL 33413
City, State & Zip

(561) 385-4074
Daytime Telephone number

01 NOV 30 PM 2:14
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

DS
12/4/01

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

EAGLE STITCHES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

908 WATER WAY VILLAGE CT
WEST PALM BEACH, FL 33413

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THIS CORPORATION IS ORGANIZED FOR THE PURPOSE OF TRANSACTING
ANY OR ALL LAWFUL BUSINES.

ARTICLE IV SHARES

The number of shares of stock is:

200 shares \$10 each

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

BLADIMIR CORTES: 3101 PORT ROYALES BLVD # 825
FORT LAUDERDALE, FL 33308
WILSON AGUILAR: 908 WATER WAY VILLAGE CT
WEST PALM BEACH, FL 33413
ALEXANDER AGUILAR: 908 WATER WAY VILLAGE CT
WEST PALM BEACH, FL 33413

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

ALEXANDER AGUILAR 908 WATER WAY VILLAGE CT
WEST PALM BEACH, FL 33413

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

M.A. DIAZ PARALEGAL SERVICES
1490 S MILITARY TRAIL # 13D
WEST PALM BEACH, FL 33415

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

11-01-01

Date

Signature/Incorporator

11-01-01

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA