

PO4000041303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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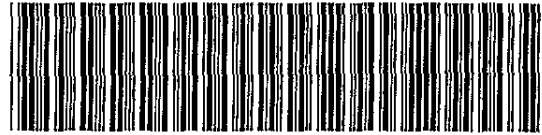
(Business Entity Name)

(Document Number)

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2004 FEB 25 11:11:01
TALLAHASSEE FLORIDA

3/8/04

TRANSMITTAL LETTER

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

FILED
2004 FEB 25 AM 11:01

STATE
TALLAHASSEE FLORIDA

SUBJECT: EAGLE MANUFACTURING SERVICES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: GRACE A. KINKORF
Name (Printed or typed)

905 CREVASSE STREET
Address

LAKELAND, FL 33809
City, State & Zip

927-424-4277
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

EAGLE MANUFACTURING SERVICES, INC.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

905 CREVASSE STREET, LAKELAND, FL 33809

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

GRACE A. KINKOPF, 905 CREVASSE ST., LAKELAND, FL 33809 - PRESIDENT
JAMES C. KINKOPF, 905 CREVASSE ST., LAKELAND, FL 33809 - VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

GRACE A. KINKOPF, 905 CREVASSE ST., LAKELAND, FL 33809

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GRACE A. KINKOPF, 905 CREVASSE ST., LAKELAND, FL 33809

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

Grace A. Kinkopf
Signature/Registered Agent

02/23/04
Date

Grace A. Kinkopf
Signature/Incorporator

02/23/04
Date