H04000147309

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DIVISION OF A C. T.S.

QB 10/27

TRANSMITTAL LETTER

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

SUBJECT: Eagles	Nest Management Services, Inc.	_	
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:
∠ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Dv	vaine Foray	(Printed or typed)	
	318 Indian Trace, #509	Address	
	Weston, FL 33326 City,	State & Zip	
	954.385.8800 Daytime To	elephone number	

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



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

O4 OCT 25 AM 9: 57

ARTICLE I NAME

#

The name of the corporation shall be:

Eagles Nest Management Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 318 Indian Trace, #509 Weston, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provided management services

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):

Dwaine Foray, President 318 Indian Trace, #509 Weston, FL 33326

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

Dwaine Foray 2900 Glades Circle, Suite 325 Weston, FL 33327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dwaine Foray 318 Indian Trace, #509 Weston, FL 33326

wing been named as registered agent to accept service of process for the above stated corporation at the place designated in tificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity			
(Fores	40/جداره،		
Signature/Registered Agent	Date		
Signature/Incorporator			