P05000/35965

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT:	Corporation Registration				
Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:					
FEES:					
Cert	ificate of Domestication	\$50.00			
Artic	cles of Incorporation and Certified Copy	<u>\$78.75</u>			
Tota	l to domesticate and file	\$128.75			
<u>OPTIONAL</u>	<u></u>				
Cert	ificate of Status	\$ 8.75			
FRO	M: Chad Rodrigues Name (printed or	· typed)			
riante (printed or types)					
8727 S. Lois Ave. Apartment #415					
Address					
	Tampa, FL 33616				
	City, State & Zip				
	727-643-5895				
Daytime Telephone Number					

CERTIFICATE OF DOMESTICATION

Th	e undersigned, Chad Rodrigues	President	OS QG7	
	(Name)	(Title)	· · · · ·	
of	Eaglestone Services Inc.	a foreig	n corporation,	
	(Corporation Name)		• •	
in	accordance with s. 607.1801, Florida Statutes, does	hereby certify:		
1.	The date on which corporation was first formed w	as July 20th		
2.	The jurisdiction where the above named corporation	on was first formed, incorporated	l, or otherwise	
	came into being was in the City of Belleville, in the C	County of St. Clair, in the State of Ill	inois .	
3.	The name of the corporation immediately prior to $${\rm was}$$ Eaglestone Services Inc.	the filing of this Certificate of D	omestication .	
4.	The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Eaglestone Services Inc.			
5.	The jurisdiction that constituted the seat, siege social administration of the corporation, or any other equipmediately before the filing of the Certificate of St. Clair County, Illinois	sivalent jurisdiction under application		
6.	Attached are Florida articles of incorporation to co to s. 607.1801.	omplete the domestication require	ements pursuant	
I a	m President , of Eaglestone Services Inc			
ano	d am authorized to sign this Certificate of Domestic	ation on behalf of the corporatio	n and have done	
so	this the ^{28th} day of September	,,	2005	
	<u>cc</u> e P	£		
	(Authorized)	ignature)		
	Filing F Certificate of Domestication			
	Articles of Incorporation and C	\$50.00 ertified Copy <u>\$78.75</u>		
	Total to domesticate and file	\$128.75		

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: Eaglestone Services Inc.

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ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

6727 S. Lois Ave. #415 Tampa, FL 33616



ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

The transaction of any and all lawful business for which a corporation may be incorporated under the Business Corporation Act of 1983.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Chad Rodrigues, President 6727 S. Lois Ave. Apt. #415 Tampa, FL 33616

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Chad Rodrigues 6727 S. Lois Ave. Apt. #415 Tampa, FL 33616

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Chad Rodrigues 6727 S. Lois Ave. Apt. #415 Tampa, FL 33616

Having been named as registered agent and 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.

CSI ROL	9/28/05
Signature/Registered Agent	Date
Ch CHy	9/28/05
Signature/Incorporator V	Date