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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	#}
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
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Jan Mal

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

Re: <u>Eagle Historical Research</u> , Inc.
Gentlemen:
Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$70.00.
This represents the cost of the Filing Fees and Fee for Registered Agent Designation for the above named corporation.
Very truly yours.
(Individual's Name)
Eagle Historical Research, Inc. (Name of Corporation)
MAILING ADDRESS OF CORPORATION
6075 Hawk Owl Trail
Port Orange, FL 32128
PHONE

Area Code

Number

Ext.

## ARTICLES OF INCORPORATION of

Ea	agle Historical Research, Inc.	
· · · · · · · · · · · · · · · · · · ·	(name of corporation)	
The undersigned acting as the incorporate adopt(s) the following articles of incorporate adopt(s) the following articles of incorporate adopt(s).	tors of a corporation under the Florida Bustation for such corporation:	iness Corporation Act,
ART The name of the corporation is:	ICLE I - CORPORATE NAME	TALLAHASSE
	Eagle Historical Research, Inc.	SSRY 20 III
	ARTICLE II - DURATION unless dissolved according to Florida law.	D 4: 33 P 4: 33 E, FLORIDA
The corporation is organized for the purp laws of the United States and the State of I	ARTICLE III - PURPOSE pose of engaging in any activities or busine Florida.	ss permitted under the
	TICLE IV - CAPITAL STOCK  100 shares of common stock, par value \$	1.00 per share.
	V - INITIAL PRINCIPAL OFFICE office and, if different, the mailing address	s is:
STREET ADDRESS		<del>-</del>
6075 Hawk Owl Trail		-
CITY Port Orange	FLORIDA ZII	P 32128
Mailing address, if different		-
STREET ADDRESS Same as above		
		<del></del>
CITY	ZII	)
	ITIAL REGISTERED OFFICE AND AGE office and the name of the initial registered	
NAME Robert C. Owen		
ADDRESS 6075 Hawk Owl Trail	<del></del>	

FLORIDA

ZIP 32128

CITY

Port Orange

NAME	Robert C. Owen		<u>-</u>	
ADDRESS	6075 Hawk Owl Trail			
CITY	Port Orange	STATE FL	ZIP 32128	
NAME			<u>-</u>	
ADDRESS				
CITY		STATE	ZIP	
NAME			-	
ADDRESS				
CITY		STATE	ZIP	
	and address of the incorporato	ARTICLE VIII - INCORPORATO		
NAME	and address of the incorporato			
NAME ADDRESS	and address of the incorporato  Robert C. Owen  6075 Hawk Owl Trail	rs signing these Articles of Incorpo	oration are as follows:	
NAME ADDRESS CITY	and address of the incorporato			
NAME ADDRESS CITY NAME	and address of the incorporato  Robert C. Owen  6075 Hawk Owl Trail	rs signing these Articles of Incorpo	oration are as follows:	-
NAME ADDRESS CITY NAME ADDRESS	and address of the incorporato  Robert C. Owen  6075 Hawk Owl Trail	rs signing these Articles of Incorpo	oration are as follows:	-
NAME ADDRESS CITY NAME ADDRESS CITY	and address of the incorporato  Robert C. Owen  6075 Hawk Owl Trail	STATE FL	ZIP 32128	-
NAME ADDRESS	and address of the incorporato  Robert C. Owen  6075 Hawk Owl Trail	STATE FL	ZIP 32128	-
NAME ADDRESS CITY NAME ADDRESS CITY NAME	and address of the incorporato  Robert C. Owen  6075 Hawk Owl Trail	STATE FL	ZIP 32128	
NAME ADDRESS CITY NAME ADDRESS CITY NAME ADDRESS CITY	Robert C. Owen  6075 Hawk Owl Trail  Port Orange	STATE FL	ZIP 32128  ZIP	

\_(Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FFICE FILED

TALLAHASSEE, FLORIDA

C.

## Eagle Historical Research, Inc.

Pursuant of I	Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above co	orporation, organized under the laws of the State of Florida with its registered office
as indicated i	n the Articles of Incorporation
at	6075 Hawk Owl Trail
	Port Orange, FL 32128
has named _	Robert C. Owen
located at the	e aforesaid address, as its registered agent to accept service of process within this

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) March 10, 2006 (Date)