

P12000021594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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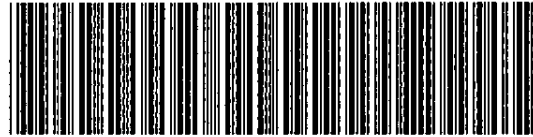
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
3/5/12

COVER LETTER

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

SUBJECT: Nancy Eagleton, 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: Nancy Eagleton

Name (Printed or typed)

406 Lakewood Drive

Address

Oldsmar, FL 34677

City, State & Zip

727-804-4189

Daytime Telephone number

nancyeagleton@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAME

The name of the corporation shall be:

Nancy Eagleton, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

406 Lakewood Drive

Oldsmar, FL 34677

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all activity or activities permitted by United States and Florida law.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nancy Eagleton, President

Address: 406 Lakewood Drive

Oldsmar, FL 34677

Name and Title: Nancy Eagleton, Director

Address: 406 Lakewood Drive

Oldsmar, FL 34677

Name and Title: Nancy Eagleton, Treasurer

Address: 406 Lakewood Drive

Oldsmar, FL 34677

Name and Title:

Address:

Name and Title: Nancy Eagleton, Secretary

Address: 406 Lakewood Drive

Oldsmar, FL 34677

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: Nancy Eagleton

Address: 406 Lakewood Drive

Oldsmar, FL 34677

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nancy Eagleton

Address: 406 Lakewood Drive

Oldsmar, FL 34677

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

Nancy Eagleton

Required Signature/Registered Agent

2/29/12

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Nancy Eagleton

Required Signature/Incorporator

2/29/12

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA