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COVER LETTER

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SUBJECT: NEAGLE UNICKPRIS	,	
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	icles of incorporation and	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: THOMAS M. A	Printed or typed)	
19825 CASA VER	• • • • • • • • • • • • • • • • • • • •	<u>.</u>
FT MYERS, F.	2_ 33967 State & Zip	
FT MYERS, F. City, (239)-820 Daytime T	6 -6226	JUL 24 JUL 24 JANASS

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

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

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

The name of the corporation shall be: VEAGLE	CNTERPRISES, INC.
Principal office Principal street address 19825 (ASA VERDE WAY	Mailing address, if different is:
FORT MYERS, FL 33967	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: \overline{TO} (\overline{TO} \overline{BUY} , \overline{SELL} , \overline{OwN} , \overline{DEVEL}	
OTHERWISE DEAL IN REAL	
OR CONSULTANT!	LAWFUL BUSINESS AND/OR PURPOSE
1	ED TO THE AFOREGOWE AS PERMITT
ARTICLE IV SHARES The number of shares of stock is: 5000	<u>. </u>
Name and Title: THOYAS M. NEAGL	
Address 19825 CASA VERDEW	
ft MYERS, p2 339	
Name and Title ANGELA M. NEAGLE V Address 19825 CASA VEQDE W	Name and Title:
Address 19825 CASAVEQDE W.	Address:
Name and Title:	Name and Title:
Address	Address:

Address		_ Address:	
	EGISTERED AGENT Tha street address (P.O. Box NOT acceptable) of THOMAS M. WERGLE 9825 CASA UERDE W. FORT MYERS, FL 3390	124	
ARTICLE VII II	NCORPORATOR		
The name and addre	ess of the Incorporator is:		
Name:	THOMAS M. NEAGLE	_	
Address:	19825 CASA VERDE WAY	1	
	FORT MY EXES, F2 33	507	
	as registered agent to accept service of process familiar with and accept the appointment as reg		
	mn		7/20/13
/ JANM/	Required Signature/Registered Agent		Date
I submit this docume document to the Dep	ent and affirm that the facts stated herein are artment of State constitutes a third degree felon	true. I am aware that they as provided for in s.81	7.155, F.S. 75 7/20/23
	required Signature/Incorporator		Date PH PH
			PH 4: 11 OF STATE SE, FLORIDA

Name and Title:______ Name and Title:_____