

PK0000037988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

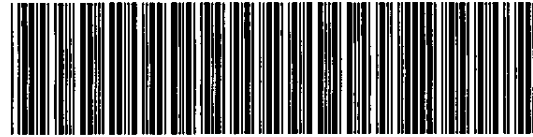
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 APR 28 PM 3:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: EAGLE MGB, 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: MARCEL G. BOMBONATO
Name (Printed or typed)

12491 NW 15TH PLACE, APT. # 207
Address

SUNRISE FL 33323
City, State & Zip

(954) 226-3444
Daytime Telephone number

soccermgb@gmail.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: EAGLE MGB, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12491 NW 15TH PLACE, APT. # 207
SUNRISE, FL 33323
USA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSULTING, SERVICES and
TRADING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARCEL G. BOMBONATO - PRESIDENT Name and Title: _____

Address: 12491 NW 15TH PLACE, APT. # 207 Address: _____
SUNRISE, FL 33323

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: MARCEL G. BOMBONATO

Address: 12491 NW 15TH PLACE, APT. # 207
SUNRISE - FL 33323

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARCEL G. BOMBONATO

Address: 12491 NW 15TH PLACE, APT. # 207
SUNRISE - FL 33323

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

Required Signature/Registered Agent

04/25/2014
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.

Required Signature/Incorporator

04/25/2014

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