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(Requestor's Name)				
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PICK-UP	Mait	MAIL		
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(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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T. SCOTT



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COVER LETTER

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

SUBJECT: Iron	Eagle Bar, Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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
		ADDITIONAL CO	
FROM: Ir	on Eagle Bar, In	C. le (Printed or typed)	
94	141 U S Hwy 78		
		Address	
0	keechobee, FL		
86	63-634-6100	, State & Zip Telephone number	
ljto	@ljtindall.com	ed 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)

The name of the corporat	ion shall be: Iron Eagle Bar, I	nc.		
ARTICLE II PRII	VCIPAL OFFICE Principal street address	;	Mailing address, if different is: Bream Avenue	
Okeechobee		Okeechobee		
FL 34974		FL 34974		
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is:	and wine ba	·	
			15 FE B	
			γ) ·** (3 ·**	
ARTICLE V INIT Name and Title	TAL OFFICERS AND/OR DIRECT	ORS Begins and Title		
Address	1026 Bream Avenue	Address:	2706 SE 31st Street	
	Okeechobee		Okeechobee	
	FL 34974		FL 34974	
Name and Title:		Name and Title:		
Address		Address:		
Name and Title:		Name and Title:		
Address		Address:		

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	Betty Ann Harris	
Address:	1026 Bream Avenue	•
	Okeechobee, FL 34974	_
ARTICLE VII	INCORPORATOR	
The name and ac	Idress of the Incorporator is:	
Name:	Betty Ann Harris	_
Address:	1026 Bream Avenue	_
	Okeechobee, FL 34974	- -
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg Required Signature/Registered Agent	
	Required Signature/Registered Agent	Date
	rument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
Dest	Required Signature/Incorporator	02-18-15 Date