

715000032790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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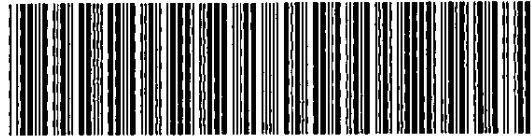
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
15 APR 10 PM 2:25
DIVISION OF CORPORATION

FILED
2015 APR 10 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/10/15

COVER LETTER

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

SUBJECT: TRI-EAGLE ATM, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: NABULSI, MOHAMED
Name (Printed or typed)

1705 SAN DAMIAN RD.
Address

TALLAHASSEE, FL, 32303
City, State & Zip

Daytime Telephone number

Frank@verygoodcpa.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: TRI-EAGLE ATM, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1705 SAN DAMIAN RD
TALLAHASSEE, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ATM Service

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NABULSI, MOHAMED / MANAGER

Address 1705 SAN DAMIAN
RD, TALLAHASSEE, FL
32303.

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FL 32309

(cont.)

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: Frank Rong

Address: 3116 Capital Circle NE.
Suite 3, Tallahassee, FL 32308


ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: NABULSI, MOHAMED.

Address: 1705 SAN DAMIAN RD.
TALLAHASSEE, 32303.

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

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.

Mohamed Nabulsi

Required Signature/Incorporator

Date