P17000041694

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SKOHENOO JA KORNY. SKOHENOO JA KORNYE SKOHENOO JA KARINY

D O'KEEFE MAY 1 0 2017

COVER LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$\$\sum \$78.75\$\$ Filing Fee Filing Fee & Certificate of Status \$\$Certified Copy Certified Copy	
☐ \$70.00 ☐ \$78.75 ☐ \$78.75 ☐ \$78.75 ☐ \$87.50 Filing Fee & Certificate of Status & Certified Copy Certified Copy	
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& Certificate of Status & Certified Copy Certified	
& Certific	
Status	
ADDITIONAL COPY REQUI	.ED
FROM: Nohamod Nabulsi	
Name (Printed or typed)	
1705 San Damian Rd	
Address	~-
Tall, FC 32303	
Tall , FL 32303 City, State & Zip	_
850-567-4327	_
Daytime Telephone number Tri Eagleatmayahoo.Cor	

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)

CLE I NAME ime of the corporation	n shall be;	TV.	Eagle	16.(1-1	7NG		-
Tall	incipal <u>street</u> addr		-	Ma Tr	ailing address, if	different is:	
CLE III PURPOS urpose for which the	<u>E'</u> corporation is org	ganized is:	Vend;	ng	rachi	ne	
ICLE IV SHARES	ock is:	00°%					
umber of shares of sto	OFFICERS AND	Nabul Legh	Gi Presido Nam Læne Ado	end Title:			
umber of shares of sto ICLE V INITIAL Name and Title:	ock is:	DOR DIRECT Nabul Leah FC 3	Bi Presido Name Ado 2303	reșs:			7
umber of shares of sto ICLE V INITIAL Name and Title: Address	ock is:	Nabul Leah FC 3	Si Presido Name Ado 2303 Name Name Ado	ress:		- - - -	SECRETARY OF STA

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT a	acceptable) of the registered agent is:	
Name: Mohamed Na	pals 1	
Address: 4409 Leah	Lane	
Tall, FC 32	303	
ARTICLE VII INCORPORATOR		7.3
The <u>name and address</u> of the Incorporator is:		
Name: Moland	Japan	Ŝ,
Address: 4909 Lah	Lane	:
TILE	32545	,
	7 <u>-3-3</u>	
ARTICLE VIII EFFECTIVE DATE:	10 17	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specifidays after the filing.)	-\(\(\begin{aligned} -\(\begin{aligned} \begin{aligned} -\begin{aligned} -\begin{aligned} -\(\begin{aligned} \begin{aligned} -\begin{aligned} -\begin{aligned} -\(\begin{aligned} -\begin{aligned} -\begin	r o r 90
Note: If the date inserted in this block does not meet the document's effective date on the Department of Sta		ill not h
Having been named as registered agent to accept serve this certificate, I am familiar with and accept the appoint	ice of process for the above stated corporation at the intment as registered agent and agree to act in this cap	place a pacity
Mohamed N	jabulsi =	<u> </u>
Required Signature/Register	ed Agent	Date
I submit this document and affirm that the facts state document to the Department of State constitutes a third	d herein are true. I am aware that the false informal degree felony as provided for in s.817.155, F.S.	tion su
Wohamed Wo	ebulsi <	5 - \(\) Dai

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the state of the state of

I Mohamed Nabulsi the owner of Tri Eagle ATM INC will Not Reinstate This Company with Document Lumber P15000032790.

> 5-10-17 Mohamed Nabulsi

PM 000 041 694

MAY 1 0 2017