PO4000 113228

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
, , , , ,				
PICK-UP WAIT M	IAIL			
(Business Entity Name)				
(business Entity Harrie)				
(Document Number)				
Certified Copies Certificates of Status _				
Special Instructions to Filing Officer:				
·				
	1			
	- 1			
<u> </u>				

Office Use Only



600039470866

08/02/04--01051--004 **78.75

LUKETARY OF STATE

FILED

04 AUG-2 AHII: 47

(58/5/04

TRANSMITTAL LETTER

Department of State Division of Corporati P. O. Box 6327 Tallahassee, FL 3231				
SUBJECT: EAGER	ENTERPRISES, INC. (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFF(X)	
Enclosed are an origin	nal and one (I) copy of the art	icles of incorporation and	a check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: AND	DREW EAGER	e (Printed or typed)	· ·	
<u>8</u>	14 CAPRI ISLES BLVD UNIT 1	16 Address		
<u>v</u>	ENICE, FL 34292	, State & Zip	· · · · · · · · · · · · · · · · · · ·	
<u>(</u> (608) 278-8853 Daytime	Telephone number		

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:

EAGER ENTERPRISES, INC.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 814 CAPRI ISLES BLVD UNIT 116 VENICE, FL 34292

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: STUMP REMOVAL BUSINESS

ARTICLE IV

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): MICHAEL H. EAGER, PRESIDENT 7422 NEW WASHBURN WAY MADISON, WI 53719

ANDREW EAGER, VICE PRESIDENT 814 CAPRI ISLES BLVD UNIT 116 VENICE, FL 34292

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: ANDREW EAGER 814 CAPRI ISLES BLVD UNIT 116 **VENICE, FL 34292**

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is: ALLEN MATTHEWS 12740 S. PFLUMM ROAD OLATHE, KS 66062

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

Date

Signature/Registered Agent

Signature/Incorporator