F25000000062

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				
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COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	USA Eagle Carports, Inc			
SODGEC 1.	Name of o	corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Corporer f Existence," or "Certificate of ced foreign corporation to trans	Good Standi	uthorization to Transact Business in Florida," ng" and check are submitted to register the in Florida.	
Please return	all correspondence concerning	this matter to	the following:	
Davie Murphy				
		Name of Pe	erson	
USA Eagle Ca	rports, Inc			
		Firm/Comp	any	
5700 E Belkna	ip St			
		Addres	s	
Haltom City, 1	TX 76117			
	(City/State and	l Zip code	
theresa@usaea	aglecarports.com			
	E-mail address: (to be used fo	r future annual report notification)	
For further in	formation concerning this matt	ter, please ca	И:	
Davie Murphy		(817) 788-5395	
Nam	ne of Person	Area Code	Daytime Telephone Number	
Regi Divis The 0 2415	EET/COURIER ADDRESS: stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 thassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a Please make c	check for the following amount heck payable to: FLORIDA DEP ling Fee S78.75 Filing Certificate of	ARTMENT (DF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

USA Eagle Can	ports, Inc					
(Enter name of c	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	o," "COMPANY," "CORPOF	ATION,"			
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of tra	unsacting business in Florid	 la)		
Texas 26-2517946						
2. (State or countr	y under the law of which it is incorporated)	(FEI numb	er, if applicable)	_ _		
4. March 03, 2008						
(Date	of incorporation) 5	(Date of duration, i	(Date of duration, if other than perpetual)			
6. October 27, 202						
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.					
7 5700 E Belknap S	St, Haltom City, TX 76117					
· · · · · ·	Fort Worth, TX 76161 (Current mail	ing address, if different)				
8. Name and stre	et address of Florida registered agent: (P.		11) = 6-			
Name:	Participation Kywin Norrie	o, P.A., Carliar	was, cap.			
Office Address:	15 W Church Street, Suite 301			•		
	Orlando (City)	Florida 32801 (Zip code				
Having been nan designated in this further agree to 0	ent's acceptance: ned as registered agent and to accept ser s application, I hereby accept the appoint comply with the provisions of all statutes r with and accept the obligations of my p	vice of process for the abov tment as registered agent a relative to the proper and c	e stated corporation at t nd agree to act in this co complete performance o	apacing. f my duties = = = = = = = = = = = = = = = = = = =		
		- · ·	,			

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS			•				
□ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Haltom City, TX 76117	□Director					
President		President					
□Vice President		□Vice President					
☐Secretary	☐ Treasurer	☐ Secretary	ΠT	reasurer			
Other		□Other		Other			
□ Chairman	Name:	□ Chairman	Name:				
-	Address:	☐ Vice Chairman					
Director		Director					
Ci President		□President					
□Vice President		□Vice President					
	☐ Treasurer	Secretary	נם מ	freasurer			
□Other	Other	Other		Other			
		_					
□ Chairman	Name:	□ Chairman	 -				
□ Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□ Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	☐ Treasurer	Secretary	<u> </u>	Treasurer			
Other	Other	Other		Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.							
12	Signature of Director of	or Officer					
The officer or director signing this document (and who is listed in number 11 above) affirm that the facts stated herein are true and that he or she is aware that 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. Davie Murphy							

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



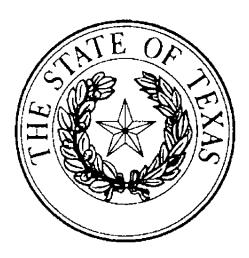
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for USA EAGLE CARPORTS, INC. (file number 800946598), a Domestic For-Profit Corporation, was filed in this office on March 03, 2008.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 06, 2024.



Phone: (512) 463-5555

gave-Helson

Jane Nelson Secretary of State