

098000002860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

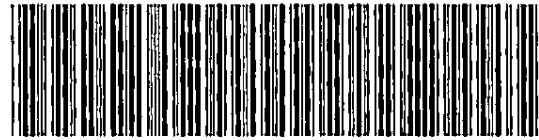
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

098000002860  
TS. 3/20/19



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02/01/19--01012--005 \*\*137.50

FILED

2019 MAR 19 AM 8:03



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2019

MCCLAIN MUSEUM, INC  
701 COLUMBIA BLVD  
TITUSVILLE, FL 32780

SUBJECT: MCLAIN MUSEM, INC DBA HISTORICAL MILITARY ARMOUR  
MUSEUM  
Ref. Number: W19000012644

We have received your document for MCLAIN MUSEM, INC DBA HISTORICAL MILITARY ARMOUR MUSEUM and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only corporation name on the document not dba HISTORICAL MILITARY ARMOR MUSEUM,

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 919A00002742

## COVER LETTER

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

**SUBJECT:** McClain Museum, Inc ~~dba Historical Military Armor Museum~~

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
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McClain Museum, Inc ~~dba Historical Military Armor Museum~~

Name (printed or typed)

701 Columbia Blvd

Address

Titusville, Fl. 32780

City, State & Zip

321-269-4074

Daytime Telephone Number

mcclainjoe@hotmail.com

E-mail address: (to be used for future annual report notification)

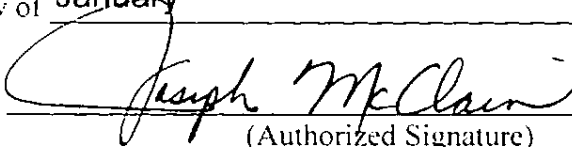
**NOT FOR PROFIT  
CERTIFICATE OF DOMESTICATION**

The undersigned, Joseph McClain, Secretary/ Treasurer  
(Name) (Title)  
of McClain Museum, Inc ~~dba Historical Military Armor Museum~~ a foreign Corporation  
(Corporation Name)

in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was February 24, 1989.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Anderson, Indiana, USA, 46011.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was McClain Museum, Inc ~~dba Historical Military Armor Museum~~.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is McClain Museum, Inc ~~dba Historical Military Armor Museum~~.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Anderson, Indiana, 46011.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am Joseph McClain, of McClain Museum, Inc ~~dba Historical Military Armor Museum~~  
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done  
so this the 15 day of January, 2019.

  
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

RECEIVED  
JAN 19 2019  
AM 8:00

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S. (Not for Profit)

**ARTICLE I      NAME**

The name of the corporation shall be:

McClain Museum, Inc dba ~~Historical Military Armor Museum~~

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address shall be:

Principal Address

Mailing Address

701 Columbia Blvd.

701 Columbia Blvd

Titusville, Fl 32780

Titusville, Fl 32780

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized:

The Corporation is organized and operated exclusively for  
Charitable, educational, vocational, and scientific purposes  
and its activities shall be conducted in such a manner that  
no part of its net earnings shall inure to the benefit of any member,  
director, or officer or other private person except that the  
corporation shall be authorized and empowered to pay reason-  
able compensation for services rendered and to make payments  
and distributions in furtherance of the purpose as set forth above.

2001 SEP 19 AM 8:00  
NOT RECORDED

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed;

Present directors nominate a candidate.

If candidate excepts, then

They are voted on by the present board.

**ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS**

The name(s) and address(es) and specific title(s):

Title/Name

Melissa Wykoff

318 E. 12th St., Anderson, In 46016

President

Title/Name

Joseph McClain

3449 Indian River Dr., Cocoa, Fl 32926

Secretary/ Treasurer

Title/Name

Mary Ann McClain

3449 Indian River Dr., Cocoa, Fl. 32926

Director

Title/Name

David Wykoff

318 E. 12th St., Anderson, In 46016

Director

Title/Name

C. Reed Knight III

701 Columbia Blvd., Titusville, Fl 32780

Title/Name

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Joseph McClain

3449 Indian River Dr.

Cocoa, Fl. 32926

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Joseph McClain

3449 Indian River Dr.

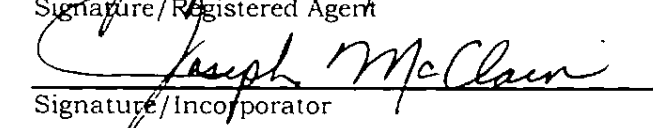
Coccoa, Fl. 32926

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*Having been named as registered agent and 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.*

  
Signature/Registered Agent

1/15/2019  
Date

  
Signature/Incorporator

1/15/2019  
Date

**Scott, Tyrone K.**

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**From:** Joe McClain <mcclainjoe@hotmail.com>  
**Sent:** Tuesday, March 19, 2019 2:50 PM  
**To:** Scott, Tyrone K.  
**Subject:** Domestication

**EMAIL RECEIVED FROM EXTERNAL SOURCE**

Sir, The title for C. Reed Knight III is Director. Thank You for processing this request. Joe McClain