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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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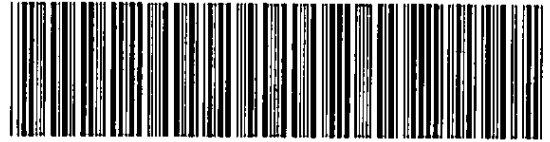
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: B D MCTIGUE, INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: GREG K. MYERS/MYERS BUSINESS SVCS., INC.

Name (Printed or typed)

P.O. BOX 10189

Address

BROOKSVILLE, FL 34603-0189

City, State & Zip

352-544-0024

Daytime Telephone number

MBSINC1979@aol.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: B D MCTIGUE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
16935 Dalberg Drive

Spring Hill, FL 34610-7338

Mailing address, if different is:
c/o MBS, Inc.

P.O. Box 10189

Brooksville, FL 34603-0189

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The specific purpose for which the Corporation is organized is exclusively for religious, charitable, educational and scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or
corresponding section of any future Federal Tax Code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: MEMBER ELECT

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Belinda D. McTigue, PVPSTD

Address 16935 Dalberg Drive

Spring Hill, FL 34610-7338

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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: MYERS BUSINESS SERVICES, INC.
Address: 624 Decatur Avenue
Brooksville, FL 34601-3236

ARTICLE VII INCORPORATOR

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

Name: Myers Business Services, Inc.
Address: P.O. Box 10189
Brooksville, FL 34603-0189

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/01/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 of Registered Agent

Date 6/28/2021

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Required Signature of Incorporator

Date 6/28/2021

BD MCTIGUE, FOL.

ARTICLE IX - DISSOLUTION: Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future Federal Tax Code, or shall be distributed to the Federal Government, or to a State or Local Government, for a public purpose.