

PA3000014466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

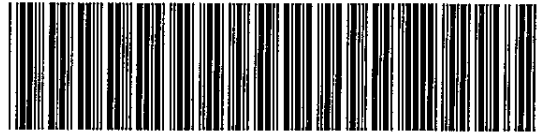
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: McCowan Enterprises, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Linda McCowan

Name (Printed or typed)

3088 Gulf Breeze Pkwy

Address

Gulf Breeze, FL 32563

City, State & Zip

850-934-5440

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:

McCowan Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3088 Gulf Breeze Pkwy
Gulf Breeze, FL 32563

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Fitness and weight loss center

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Linda McCowan President
3814 Tiger Point Blvd, Gulf Breeze, FL 32563

Robert McCowan Vice President/Secretary/Treasurer
3814 Tiger Point Blvd, Gulf Breeze, FL 32563

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Linda McCowan
3814 Tiger Point Blvd, Gulf Breeze, FL 32563

ARTICLE VII INCORPORATOR

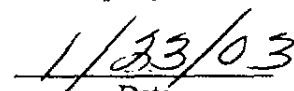
The name and address of the Incorporator is:

Linda McCowan
3814 Tiger Point Blvd, Gulf Breeze, FL 32563

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




Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA