

PD3000025250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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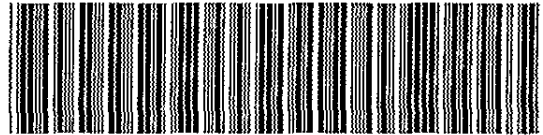
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

34

TRANSMITTAL LETTER

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

SUBJECT: JOHN McLEAN 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: JOHN McLEAN
Name (Printed or typed)

514 ORANGE DR #35
Address

ALTAMONTE SPRINGS FL 32701
City, State & Zip

407-629-1994
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 NAMEThe name of the corporation shall be: **John McLEAN INC.****ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**514 ORANGE DR #35
AITAMONTE SPRINGS FL
32701****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PRIVATE CONSULTANT**ARTICLE IV SHARES**

The number of shares of stock is:

ONE**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

**John McLEAN PRES
514 ORANGE DR #35
AITAMONTE SPRINGS FL
32701****ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:**John McLEAN
514 ORANGE DR #35
AITAMONTE SPRINGS FL 32701****ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:**John McLEAN
514 ORANGE DR #35
AITAMONTE SPRINGS FL 32701**

 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

John McLean
 Signature/Registered Agent

1/07/03
 Date

John McLean
 Signature/Incorporator

1/07/03
 Date

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA