

P03000077595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

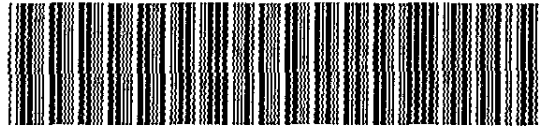
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2003 JUL 11 PM 4:12
TALLAHASSEE FLORIDA
STATE

7/15/03

TRANSMITTAL LETTER

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

FILED
2003 JUL 11 PM 4:12
CLERK OF STATE
TALLAHASSEE FLORIDA

SUBJECT: Mulhearn Homes 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: James R. Mulhearn
Name (Printed or typed)

13004 sw 89th ave
Address

Archer, FL 32618
City, State & Zip

352-495-2847
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:

Mulhearn Homes Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13004 SW 89th Ave
Archer, FL 32618

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Building homes

ARTICLE IV SHARES

The number of shares of stock is:

20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

James R Mulhearn
13004 SW 89th Ave.
Archer, FL 32618
President

ARTICLE VI REGISTERED AGENT

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

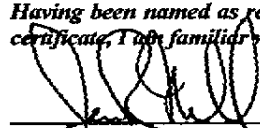
James R. Mulhearn
13004 SW 89th Ave.
Archer, FL 32618

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

James R. Mulhearn
13004 SW 89th Ave.
Archer, FL 32618

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



Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Date

Date