

PO3000086873

(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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300021490753

07/22/03--01018--002 **78.75

03 AUG -7 AM 8:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: McQUAID designlab
(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: Patricia McQuaid
Name (Printed or typed)

1615 Mallory Street
Address

Jacksonville, Florida 32205
City, State & Zip

904. 384 2490
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 28, 2003

PATRICIA MCQUAID
1615 MALLORY STREET
JACKSONVILLE, FL 32205

SUBJECT: MCQUAID DESIGNLAB
Ref. Number: W03000021286

We have received your document for MCQUAID DESIGNLAB and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the 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) 245-6965.

Dorine Martin
Document Specialist
New Filings Section

Letter Number: 303A00043643

* Revised: please see attachment.
P. H. Martin

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 AUG - 7 PM 12: 27

RECEIVED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

McQuaid designlab inc.

03 AUG -7 AM 8:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1615 Mallory Street
Jacksonville, Florida 32205

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Architecture

ARTICLE IV SHARES

The number of shares of stock is: 2,000 (two thousand) outstanding at any one time. The par value of each share of stock is one cent (\$0.01).

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

The initial Director of the corporation is:
Patricia McQuaid, 1615 Mallory Street
Jacksonville, FL. 32205

ARTICLE VI REGISTERED AGENT

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

Ruth Stroble
6316 San Juan Avenue, Suite 10
Jacksonville, Florida 32210

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Patricia McQuaid, 1615 Mallory Street
Jacksonville, Florida 32205

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

Ruth Stroble
Signature/Registered Agent

7/21/03
Date

P McQuaid
Signature/Incorporator

07.02.2003
Date