

PO3000087150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

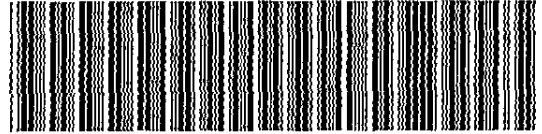
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TRANSMITTAL LETTER

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

SUBJECT: McLARTY 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: TIMOTHY McLARTY
Name (Printed or typed)

3500 GALT OCEAN DRIVE #2912
Address

FT. LAUDERDALE, FL 33308
City, State & Zip

954-294-5461
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

McLarty Enterprises, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3500 Galt Ocean Drive #2912
Ft. Lauderdale, FL 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To manage construction projects.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Timothy C. McLarty - President
Robin White - Vice President

ARTICLE VI REGISTERED AGENT

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


Timothy C. McLarty
3500 Galt Ocean Dr. #2912
Ft. Lauderdale, FL 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Timothy C. McLarty
3500 Galt Ocean Dr. #2912
Ft. Lauderdale, FL 33308

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

8-4-03
Date


Signature/Incorporator

8-4-03
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA