

PO3000109708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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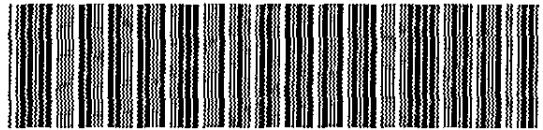
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03 OCT -2 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Thomas M<sup>c</sup> Mullan Electric, 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: Thomas W. McMullan  
Name (Printed or typed)

29 Matanzas Circle  
Address

St. Augustine Florida 32080  
City, State & Zip

(904) 471-3823  
Daytime Telephone number

(904) 797-2766 - Linda Peppe  
Registered Agent

linda Peppe 67@yahoo.com

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Thomas McMullan Electric, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

29 Matanzas Circle  
St. Augustine, Fl. 32080

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To service Electrical Contracting

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Thomas W. McMullan - President  
Thomas O. McMullan - Vice President

**ARTICLE VI REGISTERED AGENT**

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

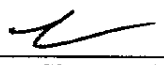
Linda Peppe  
3174 Kings Rd  
St. Augustine, Fl. 32086 (904) 797-2766

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Linda Peppe  
3174 Kings Rd.  
St. Augustine, Fl. 32086 (904) 797-2766

\*\*\*\*\*  
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

9/30/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9/30/03  
\_\_\_\_\_  
Date