

PD3000123175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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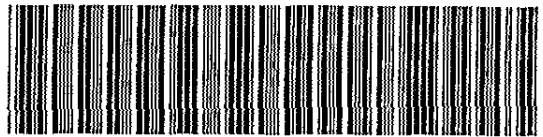
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 OCT 23 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: MAC'S Moving And Storage, 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: Dennis McCormack
Name (Printed or typed)

4350 Vienna St.
Address

Spring Hill FL 34608
City, State & Zip

352 - 6847172
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:

MAC'S Moving and Storage, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4350 Vienna St.
Spring Hill FL 34608

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL Lawful Business of Moving & Storage

ARTICLE IV SHARES

The number of shares of stock is:

5000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dennis McCormick President
4350 Vienna St.
Spring Hill, FL 34608

Evelyn McCormick
4350 Vienna St.
Spring Hill, FL 34608

ARTICLE VI REGISTERED AGENT

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

Dennis McCormick
4350 Vienna St.
Spring Hill, FL 34608

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dennis McCormick
4350 Vienna St.
Spring Hill FL 34608

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature/Registered Agent

Date

10-20-03

Signature/Incorporator

Date

10-20-03