

P03000126111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

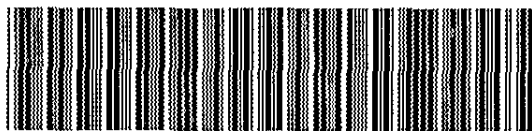
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400023812064

11/04/03--01032--012 **78.75

RECEIVED
03 NOV -4 PM 1:45
DIVISION OF CORPORATION
FILED
03 NOV -4 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- MCMILLEN LAND SURVEYING, INC.

2-

3-

4-

03 NOV -4 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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:

MCMILLEN LAND SURVEYING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8 Praireview Lane, Ormond Beach, FL 32174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all business lawful in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

100 shares @ \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

David McMillen, President, Secretary/Treasury
8 Praireview Lane, Ormond Beach, FL 32174

ARTICLE VI REGISTERED AGENT

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

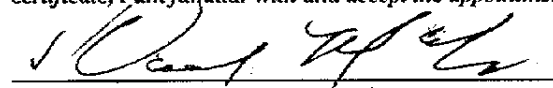
David McMillen
8 Praireview Lane, Ormond Beach, FL 32174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David McMillen
8 Praireview Lane, Ormond Beach, FL 32174

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

11-03-03
Date



Signature/Incorporator

11-03-03
Date

FILED
03 NOV -4 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA