

P03000153068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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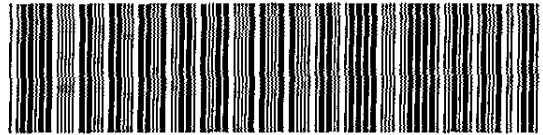
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 DEC 11 PM 12:55

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## TRANSMITTAL LETTER

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

**SUBJECT:** Keith MacGrath, 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:** Keith MacGrath

Name (Printed or typed)

739 Scallop Drive, #42

Address

Port Canaveral, FL 32920

City, State & Zip

321-591-4323

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)

**FILED**

03 DEC 11 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

Keith MacGrath, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

739 Scallop Drive, #42  
Port Canaveral, FL 32920

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all business transactions legal in the State of Florida

## ARTICLE IV SHARES

The number of shares of stock is:

10000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Keith MacGrath, President  
739 Scallop Drive, #42  
Port Canaveral, FL 32920

## ARTICLE VI REGISTERED AGENT

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

Keith MacGrath  
739 Scallop Drive, #42  
Port Canaveral, FL 32920

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Keith MacGrath  
739 Scallop Drive, #42  
Port Canaveral, FL 32920

\*\*\*\*\*  
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

12-09-03

Date

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

12-09-03

Date