

P03000158267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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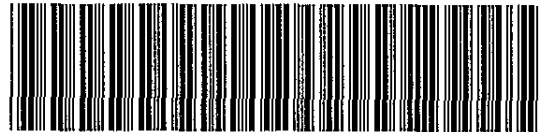
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECURITY
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: McCormack Masonry, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Larry McCormack

Name (Printed or typed)

5275 Starline Drive

Address

St. Cloud, Florida 34771

City, State & Zip

407-892-1007

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:
McCormack Masonry, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
5275 Starline Drive St. Cloud, Florida 34771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To conduct masonry business.

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Larry McCormack, President, Secretary-Treasurer
Larry McCormack, Jr., Vice President
5275 Starline Drive St. Cloud, Florida 34771

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
Larry McCormack
5275 Starlight Drive
St. Cloud, Florida 34771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Larry McCormack
5275 Starlight Drive
St. Cloud, Florida 34771

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 famillar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

12/17/03

Date



Signature/Incorporator

12/17/03

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA