

P040000030480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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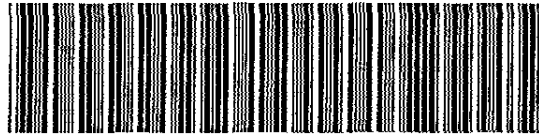
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: M. McDONALD REALTY, 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: MARCIA McDONALD
Name (Printed or typed)

4551 NORTHGATE COURT
Address

SARASOTA, FLORIDA 34234
City, State & Zip

(941) 371-4185
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:

M. McDONALD REALTY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4551 NORTHEAST COURT
SARASOTA, FLORIDA 34234

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARCIA D. McDONALD, Pres/dir.
5141 COUNTRY MEADOWS BLVD.
SARASOTA, FLORIDA 34235

ARTICLE VI REGISTERED AGENT

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

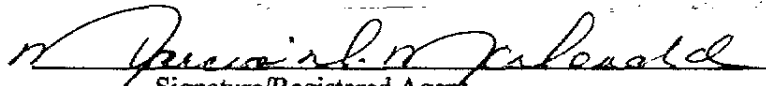
MARCIA D. McDONALD
5141 COUNTRY MEADOWS BLVD.
SARASOTA, FL. 34235

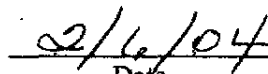
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

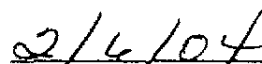
MARCIA D. McDONALD
5141 COUNTRY MEADOWS BLVD.
SARASOTA, FL. 34235

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


Date


Signature/Incorporator


Date

FILED
FEB -9 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA