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(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	···
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of State	
	
Special Instructions to Filing Officer:	
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TRANSMITTAL LETTER

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

SUBJECT:/	MC FLWAINE PROPOSED CORPORA	TE NAME - MUST INCL	AND WINDSLASS
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Bras Mc	Printed or typed)	
	12/0 E	ddress MENS	Street
	TAMPA City,	State & Zip	603
	S/3 Daytime To	37-150 elephone number	<u> </u>

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: MELLIANE LONG AND WILDOWS TIC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 12/0 E. GIPNENLS STREET
ARTICLE III PURPOSE The purpose for which the corporation is organized is: The Profit — Services Fore Contact Contac
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): BNAD McELWAINE — MESIDENT
120 E, GIDSENS STREET TAMPA, FL. 23603 ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
THED SEPTETZ 1707 CAK, Branch CT Drawbon, H. JIJII
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is: SMAD MCELWALLE 1210 E. GIODEN STEET
TAMPA, FL. JZOJ

Type Signature/Registered Agent Date
Signature/Incorporator Date