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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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# TRANSMITTAL LETTER

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

SUBJECT: McLea	an Properties, Inc. (PROPOSED CORPORA)	TE NAME – MUST INCL	UDG SUFFIX)	_
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ructosed are all ort	ginal and one (1) copy of the artic	ses of incorporation and	i 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: Su	san Mclean			( <u>*</u>
	Name (	Printed or typed)		95 SE
	1000 E. Hwy. 50 2nd Floor			SECRETAR VISION CF
	A	ddress	<u></u>	T FAR
				· 구 경우
	Clermont, FI 34711			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	City,	State & Zip		SIAILE CRAILE 2: 28
	352-394-8737			<u>-</u>
		lephone number	<del></del>	

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:

McLean Properties, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1000 E. Hwy 50 2nd Floor Clermont, FL 34711

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate sales and investments

#### 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):

President: Susan McLean 20574 Sugarloaf Mt. Rd., Clermont, FL 34715
Secretary/Treasurer: William Benjamin McLean 20574 Sugarloaf Mt. Rd., Clermont, FL 34715

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Susan McLean 1000 E. Hwy 50 2nd Floor Clermont, FL 34711

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Susan McLean 1000 E. Hwy 50 2nd Floor Clermont, FL 34711

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

Signature/Incorporator

Signature/Incorporator

5-10-05

Signature/Incorporator

Date

SECRETARY OF STATE