



TRANSMITTAL LETTER

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

SUBJECT: MAHON 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: DANIEL MAHON  
Name (Printed or typed)

315 WEST LEE STREET  
Address

PENSACOLA FLORIDA 32501-2037  
City, State & Zip

850 341 2800  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

APPROVED  
AND  
FILED

05 MAY 31 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# 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:

MAHON INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

315 WEST LEE STREET  
PENSACOLA FLORIDA 32501-2037

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL PURPOSE

## 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):

DANIEL MAHON  
315 WEST LEE STREET  
PENSACOLA FLORIDA 32501-2037

PRES., V. PRKS, SEC.,  
TRÉS.

## ARTICLE VI REGISTERED AGENT

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

DANIEL MAHON  
315 WEST LEE STREET  
PENSACOLA FLORIDA 32501-2037

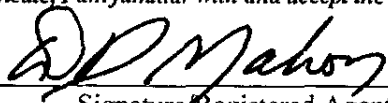
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

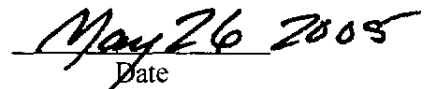
DANIEL MAHON  
315 WEST LEE STREET  
PENSACOLA FLORIDA 32501-2037

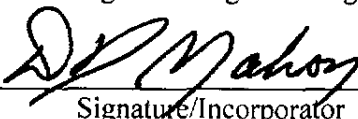
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

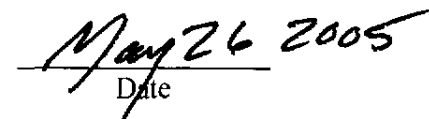


Signature/Registered Agent

  
Date



Signature/Incorporator

  
Date