POS000109855

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dualitesa Elluty Name)
(Document Number)
Certified Copies Certificates of Status
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TRANSMITTAL LETTER

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

	, , .,	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM:	Chris McKay		
	Name	e (Printed or typed)	
	44 Fern Crest Driv	e	
		Address	
	Debary, FL 32713		
		, State & Zip	

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:

CF McKay Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

44 Fern Crest Drive

Debary, FL 32713

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Start New Business

ARTICLE IV SHARES

The number of shares of stock is:

500 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Chris McKay

44 Fern Crest Drive

Debary, FL 32713

ARTICLE VI REGISTERED AGENT

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

Chris McKay

44 Fern Crest Drive

Debary, FL 32713

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Chris McKay

44 Fern Crest Drive

Debary, FL 32713

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

18.4-05

Date