

POS000148485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

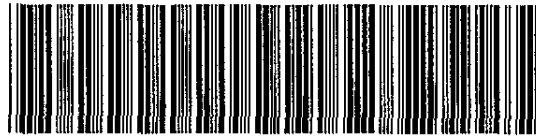
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300060904573

11/07/05--01036--017 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV -7 PM 4: 27

FILED

J. Shivers NOV 08 2005

COVER LETTER

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

SUBJECT: Casey McAlees, 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: Melinda McAlees
Name (Printed or typed)

PO Box 707
Address

Oldsmar, FL 34677
City, State & Zip

813 818 4788
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FL 32314

05 NOV - 7 PM 4: 27

FILED

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:
CASEY MCALEES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
P O Box 707
Oldsmar, FL 34677

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:
1000 SHARES / PAR VALUE OF \$1.00 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
CASEY MCALEES
7726 GIBSONTON DR.
GIBSONTON, FL 33534

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
CASEY MCALEES
7726 GIBSONTON DR.
GIBSONTON, FL 33534

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
CASEY MCALEES
7726 GIBSONTON DR.
GIBSONTON, FL 33534


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

x 

Signature/Registered Agent

10/28/2005

Date

x 

Signature/Incorporator

10/28/2005

Date

FILED
05 NOV -7 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA