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COVER LETTER

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

SUBJECT: McAden, Inc	; 	
(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
	1	
Enclosed are an original and one (1) copy of the artic	les of incorporation and	i a check for:
S70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: Pamela F. McAden		
Name (Printed or typed)	
6270 Wiles Rd. #305		
Coral Springs, FL 3306	Address 7-4327 State & Zip	
(954) 801-9869 Daytime To	elephone number	

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

ARTICLE I NAME		-	ys
The name of the corporation shall be:			
McAden, Inc	F		
ARTICLE II PRINCIPAL OFFICE			· ·
The principal place of business/mailing address	is:		
6270 Wiles Rd. #305, Coral Springs, FL 3	33067-4327		
ARTICLE III PURPOSE		,	
The purpose for which the corporation is orga	anized is:		ASS 06
Profit			FILED FEB -3 PM 4: 23 DRELAY OF STATE LAMASSEE, FLORIDA
ARTICLE IV SHARES	() () () () () () () () () ()		-3 PK
The number of shares of stock is:	. 1		
2	1		4 4 4
ARTICLE V INITIAL OFFICERS A	MOD DEFOT	npe	4: 23
List name(s), address(es) and specific title(s):		<u> </u>	ين سر
	1		
The <u>name and Florida street address</u> (P.O. B		of the registered age	nt is:
The <u>name and Florida street address</u> (P.O. B Pamela F. McAden 6270 Wiles Rd. #305		of the registered age	nt is:
The <u>name and Florida street address</u> (P.O. B Pamela F. McAden 6270 Wiles Rd. #305 Coral Springs, FL 33067-4327 ARTICLE VII INCORPORATOR) of the registered age	nt is:
The name and Florida street address (P.O. B Pamela F. McAden 6270 Wiles Rd. #305 Coral Springs, FL 33067-4327 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Pamela F. McAden 6270 Wiles Rd. #305) of the registered age	nt is:
The name and Florida street address (P.O. B Pamela F. McAden 6270 Wiles Rd. #305 Coral Springs, FL 33067-4327 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Pamela F. McAden 6270 Wiles Rd. #305 Coral Springs, FL 33067-4327	ox NOT acceptable) of the registered age	nt is:
The name and Florida street address (P.O. B Pamela F. McAden 6270 Wiles Rd. #305 Coral Springs, FL 33067-4327 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Pamela F. McAden 6270 Wiles Rd. #305 Coral Springs, FL 33067-4327	ox NOT acceptable	******	******
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The <u>name and Florida street address</u> (P.O. B Pamela F. McAden 6270 Wiles Rd. #305 Coral Springs, FL 33067-4327	ox NOT acceptable	**************************************	**************************************

Date

Signature/Incorporator