## P07000041754

| ·                                       |                    |      |
|---|--------------------|------|
| (Requestor's Name)                      |                    |      |
|   |                    |      |
| (Address)                               |                    |      |
|   |                    |      |
| (Address)                               |                    |      |
|   |                    |      |
| (Cit                                    | ty/State/Zip/Phone | e #) |
| _                                       |                    |      |
| PICK-UP                                 | ☐ WAIT             | MAIL |
|   |                    |      |
| (Bu                                     | siness Entity Nar  | ne)  |
|   | :                  |      |
| (Do                                     | cument Number)     |      |
|   | ,                  |      |
| Certified Copies Certificates of Status |                    |      |
|   |                    |      |
|   | F                  |      |
| Special Instructions to                 | Filing Officer:    |      |
|   |                    |      |
|   |                    |      |
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Office Use Only



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O7 APR -4 PM 4: 16
SECRETARY OF STATE
SECRETARY OF STATE

mRy

## **COVER LETTER**

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee & Certified Copy

Filing Fee,

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

954-648-3137

Daytime Telephone number

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

| ARTICLES OF INCORPORATION  In contribute a with Chapter 607 and (or Chapter 621, E.S. (Profit)                                      |  |  |
|---|--|--|
| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)  |  |  |
| ARTICLE I NAME The name of the corporation shall be:  |  |  |
| MCGILL TRADING INC. 07 APR-4 PM 4: 16   |  |  |
| ARTICLE II PRINCIPAL OFFICE SECRETARY OF STATE  |  |  |
| The principal place of hysiness/mailing address is:   |  |  |
| 2915 NW GOTH AVE APT. 407   |  |  |
| SUNRISE FL 33313 ARTICLE III PURPOSE  |  |  |
| The number for which the comparation is organized is:   |  |  |
| ANY AND ALL LAWFULL RUCTUES   |  |  |
| ANY AND ALL LAWFULL BUSINESS PERMITED  BY THE FLOREDA BUSINESS PERMITED   |  |  |
| BY THE FLORIDA BUSINESS CORPORATION ACT.  |  |  |
| The number of shares of stock is:   |  |  |
| ONE HUNDRED SHARES OF STOCK AT ONE POLLAR PARVALUE  |  |  |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS   |  |  |
| List name(s), address(es) and specific title(s):  |  |  |
| CHRISTOPHER MCGILL DIRECTOR, PRESIDENT,   |  |  |
| 2915 NW GOTH AVE APT #40-TREASURER, AND SECUTARY  |  |  |
| SUNRISE FL 33313  |  |  |
| ARTICLE VI REGISTERED AGENT   |  |  |
| The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:                                    |  |  |
| CHRISTOPHER MCGILL  |  |  |
| 2915 HW 60TH AVE #407   |  |  |
| SUNRISE FL 33313  |  |  |
| ARTICLE VII INCORPORATOR  |  |  |
| The name and address of the Incorporator is:  |  |  |
| CHRISTOPHER MCGILL  |  |  |
| 2915 NW 60 TH AVE APT # 407   |  |  |
| SUNRISE FL 33313  |  |  |
| Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this |  |  |

Signature/Registered Agent Date

Christophe MS 200

Signature/Incorporator Date

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity