

PO7000071420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

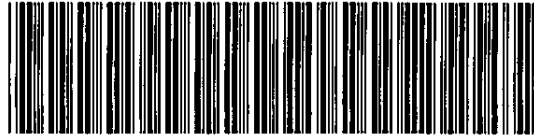
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07 JUN 18 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

De

COVER LETTER

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

SUBJECT: Macrae Girls, 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: Sarah Macrae
Name (Printed or typed)

PO BOX 1788
Address

NOKOMIS, FL 34274
City, State & Zip

941.484.8210
Daytime Telephone number

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:

Macrae Girls, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Physical: 121 West Venice Avenue
Venice, FL 34285

Mailing: PO Box 1788
Nokomis, FL 34274

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail Store

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sarah J. Macrae, 321 Casey Key Rd Nokomis FL 34275, President/Treasurer
Allison L. Macrae, 321 Casey Key Rd Nokomis FL 34275, Vice President/
Secretary

ARTICLE VI REGISTERED AGENT

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

Sarah J. Macrae 321 Casey Key Rd
Nokomis FL 34275

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sarah J. Macrae 321 Casey Key Rd
Nokomis, FL 34275

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

Sarah Macrae
Signature/Registered Agent
Sarah Macrae
Signature/Incorporator

6/14/07
Date
6/14/07
Date

FILED
07 JUN 18 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA