# POSODOLO 1374

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

## **COVER LETTER**

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

SUBJECT: Wm. M. McCrone & Associates 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  ADDITIONAL CO	✓ \$87.50 Filing Fee, Certified Copy & Certificate o Status  PY REQUIRED
FROM: W	Villiam McCrone	e (Printed or typed)	
• •	101 Sharwood Driv	/e Address	
-	Naples, FL 34110	, State & Zip	····

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

Daytime Telephone number

# 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:

Wm. M. McCrone & Associates Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 101 Sharwood Drive Naples, FL 34110

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Bookkeeping and income tax preparation.

## ARTICLE IV SHARES

The number of shares of stock is:

500

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Wm. M. McCrone, 101 Sharwood Dr. Naples, FL 34110
President, Treasurer, and Director

C.Lanelle McCrone, 101 Sharwood Dr. Naples, FL 34110 Secretary and Director 2008 JAN -4 PH 1:51
SECRETARY OF STATE
TAIL AHASSEE, FLORID.

# ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Wm. M. McCrone 101 Sharwood Drive Naples, FL 34110

## ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Wm. M. McCrore 101 Sharwood Drive Naples, FL 34110

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 WM. M. M. CRONE Date

1-1-0

Signature/Incorporator WM. M. M. CRONE D.

ZOOB JAN -4 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FINDIE