

PO8000081894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

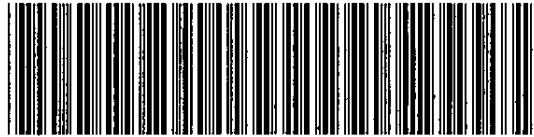
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP -4 PM 2:26

805-6
9-5-08

COVER LETTER

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

SUBJECT: MASKERVILLE FEATHERCRAFTS, 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: JOHN MCBRIDE

Name (Printed or typed)

5540 CYRIL DRIVE

Address

DADE CITY, FL 33523

City, State & Zip

352-583-3227

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:

MASKERVILLE FEATHERCRAFTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5540 CYRIL DRIVE
DADE CITY, FL 33523

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CREATION / MANUFACTURE OF MASKS AND OTHER FEATHERCRAFTED ITEMS

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOHN W. MCBRIDE
5540 CYRIL DRIVE
DADE CITY, FL 33523

ARTICLE VI REGISTERED AGENT

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

GAIL COVINGTON
2209 CASTLEBAR ROAD
BROOKSVILLE, FL 34601

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN MCBRIDE
5540 CYRIL DRIVE
DADE CITY, FL 33523

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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

Gail Covington
Signature/Registered Agent

J.W. McBride
Signature/Incorporator

8/29/08
Date

the 8/29/2008
Date