

P08000098300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

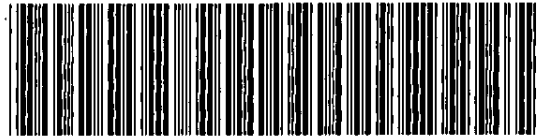
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DIVISION OF STATE
TALLAHASSEE, FLORIDA
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08 NOV -3 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-3-08

COVER LETTER

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

SUBJECT: THE MCCOY PROJECT, 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 MCCOY
Name (Printed or typed)

MAIL PHYSICAL

PO BOX 7577 1013 HAWKS LANDING DR
Address

SEBRING FL 33872 SEBRING FL 33875
City, State & Zip

(984) 600 2054
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:

THE MCCOY PROJECT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1013 HAWKS LANDING DR
SEBRING FL 33875

MAILING ADDRESS
PO BOX 7577
SEBRING FL 33872

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE VENTURES

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOHN MCCOY PO BOX 7577 SEBRING FL 33872 PRESIDENT

ARTICLE VI REGISTERED AGENT

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

JOHN MCCOY
1013 HAWKS LANDING DR
SEBRING FL 33875

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN MCCOY
PO BOX 7577
SEBRING FL 33872

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

Signature/Incorporator

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 NOV - 3 PM 2:00

FILED

03 NOV 08

Date

03 NOV 08

Date