

PO 9888015829

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(City/State/Zip/Phone #)

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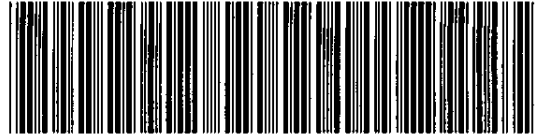
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-17-09
2009

COVER LETTER

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

SUBJECT: BISHOPMAC, 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: CYNTHIA ANNE MCELHATTEN
Name (Printed or typed)

1419 SHADOW BAY LANE
Address

BRANDON, FLORIDA 33510
City, State & Zip

813-690-1228
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:

BISHOPMAC, INC.

ARTICLE II PRINCIPAL OFFICE

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

1419 SHADOW BAY LANE
BRANDON, FLORIDA 33510

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME IMPROVEMENT

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000 @ .01 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CYNTHIA MCELHATTEN, PRESIDENT
1419 SHADOW BAY LANE
BRANDON, FLORIDA 33510

ROBERT MCELHATTEN, SECRETARY
1419 SHADOW BAY LANE
BRANDON, FLORIDA 33510

ARTICLE VI REGISTERED AGENT

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

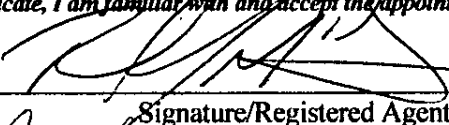
ROBERT MCELHATTEN
1419 SHADOW BAY LANE
BRANDON, FLORIDA 33510

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CYNTHIA MCELHATTEN
1419 SHADOW BAY LANE
BRANDON, FLORIDA 33510

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

Feb 11, 09

Date

Feb 11, 2009

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA