

P09000094018

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

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

SUBJECT: MCNB Corp
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Howard Chappell, Esquire
Name (Printed or typed)

1522 Beechwood Trail
Address

Fort Myers, FL 33919
City, State & Zip

(239) 337-9875
Daytime Telephone number

heclaw@comcast.net
E-mail address: (to be used for future annual report notification)

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: MCNB Corp

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
13700 Six Mile Cypress Pkwy Ste 2
Fort Myers, FL 33912

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is:
1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Howard Chappell
1522 Beechwood Trail
Fort Myers, FL 33919

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Howard Chappell
1522 Beechwood Trail
Fort Myers, FL 33919

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



Date



Date

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