

P10000062762

(Requestor's Name)

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(City/State/Zip/Phone #)

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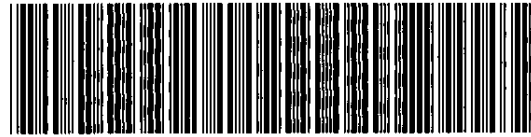
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/30/10--01009--001 **78.75

APPROVED
AND
FILED
10 JUL 30 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 8/3/10

COVER LETTER

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

SUBJECT:

J. McLaughlin & 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

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

ADDITIONAL COPY REQUIRED

FROM:

Jan McLAUGHLIN

Name (Printed or typed)

P. O. Box 915433

Address

Longwood, FL 32791

City, State & Zip

407 592-3231

Daytime Telephone number

jan@mcLaughlinBankruptcyLaw.com

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:

J. McLaughlin & Associates, INC.

ARTICLE II PRINCIPAL OFFICE

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

1924 St. Andrews PLACE
Longwood, FL 32779

Mailing:

P.O. Box 915433
Longwood, FL 32791

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provides consumer bankruptcy services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JAN McLAUGHLIN, President

ARTICLE VI REGISTERED AGENT

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

Karen Jachens
1924 St. Andrews PLACE
Longwood, FL 32779

ARTICLE VII INCORPORATOR

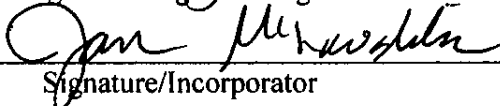
The name and address of the Incorporator is:

JAN McLAUGHLIN
P.O. Box 915433
Longwood, FL 32791

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

7/24/2010

Date

7-24-10

Date

APPROVED
AND
FILED

10 JUL 30 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA