P10000088921

·
(Requestor's Name)
(Address)
(idailoss)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
0.05.10
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
oposial mondonorio to 1 limig official.

Office Use Only



000185252950

10/12/10--01033--001 **78.75

MD 18.055

TALLARASSEE, FLORID

Edecochi MUV 2 2010

COVER LETTER

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

SUBJECT: THE MCRAE CORPOR	RATION
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROм: Alysia Carlisle	(Delete de automod)
Name	(Printed or typed)
9216 Sibbald Rd	
A	Address
Jacksonville, FL 32208 City,	State & Zip
(904)716-5925 Daytime To	elephone number
alysia.carlisle@hotmail.c	om I for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



Corrections Made
on the back Sheet

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2010

ALYSIA CARLISLE 9216 SIBBALD RD JACKSONVILLE, FL 32208

SUBJECT: THE MCRAE CORPORATION

Ref. Number: W10000048055

RECEIVED

10 OCT 28 AMII: 52

SECREIMELO: SIME.

We have received your document for THE MCRAE CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2011 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 810A00024240

www.sunbiz.org

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II	PRINCIPAL OFFICE		iness Corp		
	Principal street address		Mailing address, if diff	erent is:	
	6630 Felix Dr W Jacksonville, FL 32219				
	Jacksonville, FL 32219				
	PURPOSE				
	r which the corporation is organized is:				
Any and ai	l lawful business.			\$ - \$2	2018
				<u></u>	
				iii fili	130
					72
4 D. W. T. C. T.	CITADDO				œ
ARTICLE IV	SHARES shares of stock is: 2			- 118	2
The number of	shares of stock is. 2				
	INITIAL OFFICERS AND/OR DIRE				Ÿ
	Title: Terrance Mcrae	Name and Tit	le: Alysia Carlisle	<u> </u>	
Address:	6630 Felix Dr W		9216 Sibbald Ro Jacksonville, FL		
	Jacksonville, FL 32219 Director		Assistant Directo		
	d Title:	Name and Ti	tle:		
Address:		Address:			
	d Title:		tle:		
Address:		Address:			
	REGISTERED AGENT				
	Florida street address (P.O. Box NOT accept		gent is:		
Name: Address:	Terrance McRae	· · · · · · · · · · · · · · · · · · ·			
Address:	6630 Felix Dr W Jacksonville, FL 32219				
	Jacksonvine, I L J2213				
ARTICLE VI					
	address of the Incorporator is:				
Name: Address:	Alysia Carlisle 9216 Sibbald Rd				
Address.	Jacksonville, FL 32219				
	·				
Having been n	amed as registered agent to accept service of	process for the above	stated corporation at the	e place design	ated i
this certificate,	I am familiar with and accept the appointmen	i as registerea agent an	a agree to act in ints cup	часиу	
		and in	09/30/	2010	
	Required Signature/Registered Age	e WISAR		Date	
	Required Signature/Registered Age	int .		Dan	
l submit this d	ocument and affirm that the facts stated her	ein are true. I am awa	re that the false inform	ation submitte	ed in
	e Department of State constitutes a third degre				
1		\ \			
<u> </u>	ichtel skatus	stimile	09/30	0/2010	
	Required Signature/Incorporato	r		Date	