

P100000 97159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000187749350

11/29/10--01013--005 **78.75

FILED
2010 NOV 29 P 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Robert H. McLean, P.A.

(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: **Robert H. McLean**

Name (Printed or typed)

1900 SE 18th Avenue, Suite 300

Address

Ocala, FL 34471

City, State & Zip

(352) 208-8575

Daytime Telephone number

roberthoustonmclean@hotmail.com ✓

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV 29 P 3:00

FILED

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

Robert H. McLean, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1900 SE 18th Avenue
Suite 300
Ocala, FL 34471

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Practice of law and for any other legal purpose.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert H. McLean, President
Address: 1900 SE 18th Avenue, Suite 300
Ocala, FL 34471

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Robert H. McLean
Address: 1900 SE 18th Avenue, Suite 300
Ocala, FL 34471

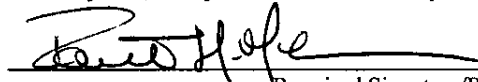
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert H. McLean
Address: 1900 SE 18th Avenue, Suite 300
Ocala, FL 34471

FILED
2010 NOV 29 P 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

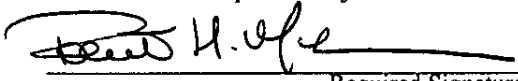


Required Signature/Registered Agent

November 24, 2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

November 24, 2010

Date