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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: M C Douglas 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: Carlene & Morland Douglas
Name (Printed or typed)

815 Greenbriar Dr.
Address

Lake Park
City, State & Zip

561-389-9793
Daytime Telephone number

carmor1210@hotmail.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

M C Douglas Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
815 Greenbriar Dr.
Lake Park
Florida, 33403

Mailing address, if different is:

815 Greenbriar Dr.
Lake Park
Florida, 33403

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Consultant, Customer Service

ARTICLE IV SHARES

The number of shares of stock is: 100 shares (50/50)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlene Douglas
Address: 815 Greenbriar Dr.
Lake Park
Florida, 33403

Name and Title: _____
Address: _____

Name and Title: Morland Douglas
Address: 815 Greenbriar Dr.
Lake Park
Florida, 33403

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: Carlene Douglas
Address: 815 Greenbriar Dr.
Lake Park, Florida 33403

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

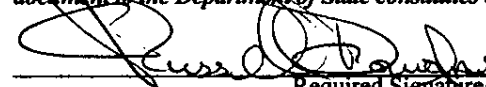
Name: Carlene Douglas
Address: 815 Greenbriar Dr.
Lake Park, Florida 33403

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

1-28-2011
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

1-28-2011
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA