## 711000014163

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL				
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PICK-UP WAIT MAIL				
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(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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J. STORES FEB 1 0 2011

## **COVER LETTER**

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

SUBJECT: Maclynn Development,	Inc.		
(PROPOSED CORPORA	I E NAME – <u>MUST INCL</u>	LUDE SUFFIX)	
Enclosed are an original and one (1) copy of the artic	eles of incorporation and	d a check for:	
( ) 17	<u> </u>		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL CO		
FROM: Michelle Orsi Name	(Printed or typed)		
<u>3600 Galileo Drive, Suite</u>			
New Port Richev, FL 34	ddress -655 State & Zip	2011 FEB -9	ente page
727-375-1414 x12	•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Daytime Te	lephone number	MIII: 24	C
<u>m99ac@hotmail.com</u> 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 II	PRINCIPAL OFFICE Principal street address	Mailing a	ddress, if different is:
(	3600 Galileo Drive, Suite 104	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	adioss, ir airro, oir is.
	New Port Richey, FL 34655		
•		<del></del>	
ARTICLE III			
	which the corporation is organized is:		
Any and an id	awful business.		
ARTICLE IV	SHARES		
	res of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	RS	
Name and T	itle:Michelle Orsi, President, Sec/Trea	S. Name and Title: Jennife	
Address:	3600 Galileo Drive, Suite 104	Address: <u>3600 G</u>	Salileo Drive, Suite 104
	New Port Richey, FL 34655	<u>New Pr</u>	ort Richey, FL 34655
Name and Ti	itle:	Name and Title:	
Address:	uic.	Address:	
		<del>-</del>	
	tle:	Name and Title:	
Address:			
		<del></del>	
APTICI P III	REGISTERED AGENT		20 TAL
	rida street address (P.O. Box NOT acceptable) o	of the registered agent is:	2011 NEG ALL/
Name:	Michelle Orsi	_	FEB TANA
Address:	3600 Galileo Drive, Suite 104	-	SS AR
	New Port Richey, El 34655	~	9 ₽
	INCORPORATOR		in section in the se
	<u>lress</u> of the Incorporator is:		
Name:	Michelle Orsi	~	22
Address:	3600 Galileo Drive, Suite 104 New Port Richey, FL 34655	<del>-</del> -	
Having been name his certificate, I an	ed as registered agent to accept service of proces in familiar with and accept the appointment as reg	ss for the above stated corpo gistered agent and agree to ac	ration at the place designated in ct in this capacity
4	Nichelle ani		2711
	Required Signature/Registered Agent	<del></del>	Date
	ment and affirm that the facts stated herein are	tour I am muone that the	falsa information on built of the
	epartment of State constitutes a third degree felor		
	Vichelle assi		1 - 1
v V	LIAZAIVVA LYAZAL		\ 1 7 J 11

Required Signature/Incorporator