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2011 MAR 24 PM 4:41  
FILING OFFICE  
TALLAHASSEE, FLORIDA

3:00 PM MAR 26 2011

## COVER LETTER

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

SUBJECT: MCORR Productions, 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: Maxwell Corrigan  
Name (Printed or typed)

995 Northern Dancer Way #103  
Address

Casselberry Florida 32707  
City, State & Zip

941-650-5666  
Daytime Telephone number

mcorrigan63@a-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**

The name of the corporation shall be: **MCORR Productions, Inc**

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

**995 Northern Dancer Way #103  
Casselberry FL 32707**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**To run audio an video equipment**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Maxwell Corrigan President**

Address: **995 Northern Dancer Way #103**

**Casselberry FL 32707**

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: **Maxwell Corrigan**

Address: **995 Northern Dancer Way #103**

**Casselberry FL 32707**

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: **Maxwell Corrigan**

Address: **995 Northern Dancer Way #103**

**Casselberry FL 32707**

*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*

*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.*

*Max Corrigan*  
**MAX Corrigan**

Required Signature/Incorporator/Registered Agent

**3/20/11**  
Date

FILED  
2011 MAR 24 PM 4:41  
CLERK OF STATE  
TALLAHASSEE, FLORIDA