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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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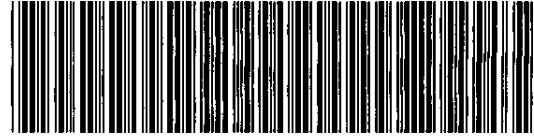
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 JUN -6 PM 1:19

*gr 6/7/11*

**COVER LETTER**

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

**SUBJECT: ALAN W. McCLASKEY, 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: ALAN W. McCLASKEY**  
Name (Printed or typed)

P.O. BOX 1869  
Address

INVERNESS, FL. 34451  
City, State & Zip

352-427-3769  
Daytime Telephone number

YAGERTAXNOT@AOL.COM  
E-mail address: (to be used for future annual report notification)

**2004 JUN -6 PM 1:19**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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)

FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME** ALAN W. McCLASKEY, INC.

The name of the corporation shall be:

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6150 SE 5TH PLACE  
OCALA, FL 34472

Mailing address, if different is:  
P.O. BOX 1869  
INVERNESS, FL 34451

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
LAWN MAINTENANCE FOR PROFIT

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: ALAN W. McCLASKEY - PRESIDENT Name and Title: \_\_\_\_\_  
Address: 6150 SE 5TH PLACE Address: \_\_\_\_\_  
OCALA, FL 34472

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: ALAN W. McCLASKEY  
Address: 6150 SE 5TH PLACE  
OCALA, FL 34472

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALAN W. McCLASKEY  
Address: 6150 SE 5TH PLACE  
OCALA, FL 34472

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 05/01/2011  
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 05/01/2011  
Date