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## COVER LETTER

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

**SUBJECT: James McIlroy Services, 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: JAMES MC ILROY**

Name (Printed or typed)

**P.O. Box # 702215**

Address

**Saint Cloud, FL 34770-2215**

City, State & Zip

**321-624-1628**

Daytime Telephone number

**mikebencz@yahoo.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** JAMES MC ILROY Services, Inc

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1228 Mississippi Ave Lot E-43  
Saint Cloud, FL 34769

Mailing address, if different is:

P.O. Box 702215  
Saint Cloud, FL 34770-2215

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of this corporation is to engage in activities or business permitted under the laws of the United States of America and the State of Florida. The purpose of the corporation shall not be limited, and nothing therein shall be deemed as prohibiting the corporation from extending its activities to any related or otherwise permissible lawful business purpose which may become necessary, profitable or desirable for the furtherance of the corporation objectives. The initial purpose shall be for carpet installation and general maintenance.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 at no par value

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

Name and Title:	JAMES MC ILROY - Registered Agent	Name and Title:	_____
Address:	<u>1228 Mississippi Ave Lot E-43</u>	Address:	_____
	<u>Saint Cloud, FL 34769</u>		_____

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: JAMES MC ILROY  
Address: 1228 Mississippi Ave Lot E-43  
Saint Cloud, FL 34769

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JAMES MC ILROY  
Address: 1228 Mississippi Ave Lot E-43  
Saint Cloud, FL 34769

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

James M. Kee McIlroy  
Required Signature/Registered Agent

8/2/2011  
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.

James M. Kee McIlroy  
Required Signature/Incorporator

8/2/2011  
Date

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA