

P11000087364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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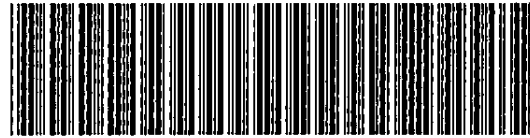
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT - 6 PM 2:20

APPROVED
AND
FILED

1/4

COVER LETTER

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

SUBJECT: McQuaid Enterprises of Florida 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Louis Lawrence

Name (Printed or typed)

6600 Mitchelwood Ct

Address

St Cloud FL 34771

City, State & Zip

407-957-2691

Daytime Telephone number

LLawrence@mcquaidenterprises.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

McQuaid Enterprises of Florida Inc

Electrical Contracting

St Cloud FL 34771

Phone (407)-957-2691 Fax (407)-957-2690

E-Mail LLawrence@mcquaidenterprises.com

Lic # EC 13003129

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

This letter is to inform you the the above corporation McQuaid Enterprises of Florida Inc. Document number P10000007959 would not and is not planning on reinstating this corporation at this time or any time in the future

If you have any Question feel free to contract me at 407-957-2691

Thank you



Louis Lawrence
President

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:

McQuaid Enterprises of Florida Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6600 Mitchelwood Ct

St Cloud FL 34771

Mailing address, if different is:

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
all and any Lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Louis Lawrence President

Address: 6600 Mitchelwood Ct

St Cloud FL 34771

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: Louis Lawrence

Address: 6600 Mitchelwood Ct

ST cloud FL 34771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Louis Lawrence

Address: 6600 Mitchelwood Ct

St Cloud FL 34771

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

09-29-11

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

09-29-11

Date