

P11000092550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

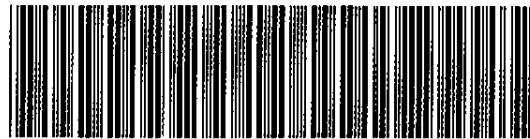
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Alan McClasker ^{GAVE}
AUTHORIZATION BY PHONE TO
CORRECT Article V
DATE 10/24/11
DOC. EXAM MRS

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11 OCT 21 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
10/24

11/11 511379

COVER LETTER

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

SUBJECT: **MC2 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: **ALAN W. McCLASKEY**

Name (Printed or typed)

6150 SE 5TH PLACE

Address

OCALA, FL. 34472

City, State & Zip

352-427-3769

Daytime Telephone number

AMPM47@AOL.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

MC2 SERVICES, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

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

Mailing address, if different is:

6150 SE 5TH PLACE
OCALA, FL 34472

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
RESIDENTIAL & COMMERCIAL LAWN SERVICE

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ~~ALAN W. McCLASKEY - INC.~~
Address: ~~6150 SE 5TH PLACE~~
~~OCALA, FL 34472~~

Name and Title: ~~SOUTHERN LAWN CARE INC.~~
Address: ~~FLORIDA~~
~~6150 SE 5TH PLACE~~
~~OCALA, FL 34472~~

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

Name and Title: TIMOTHY G. McQUAIG - VP
Address: 3318 SE 3RD STREET
OCALA, FL 34471

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: 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

10/19/11

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

10/19/11

Date