

P11000092987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

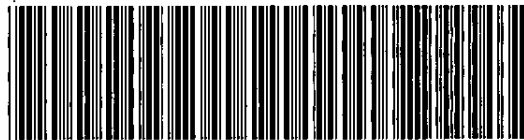
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FILED  
OCT 24 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L. Burch OCT 25 2011

## COVER LETTER

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

**SUBJECT:** B H McFarland, 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:** Harold McFarland

Name (Printed or typed)

PO Box 903

Address

Nokomis, FL 34274

City, State & Zip

941-650-2089

Daytime Telephone number

haroldmcf@verizon.net

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:

**B H McFarland, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

412 Ravenna St. S.  
Nokomis, FL 34275

Mailing address, if different is:

PO Box 903  
Nokomis, FL 34274

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To conduct any and all legal business within the State of Florida

**ARTICLE IV SHARES**

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

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

Name and Title: Beverly McFarland, President  
Address: 412 Ravenna St. S.  
Nokomis, FL 34275

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

Name and Title: Harold McFarland, VP, Treasurer  
Address: 412 Ravenna St. S.  
Nokomis, FL 34275

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: Harold McFarland  
Address: 412 Ravenna St. S.  
Nokomis, FL 34275

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Harold McFarland  
Address: 412 Ravenna St. S.  
Nokomis, FL 34275

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

Harold D. McFarland  
Required Signature/Registered Agent

10/17/11  
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.

Harold D. McFarland  
Required Signature/Incorporator

10/17/11  
Date

2011 OCT 24 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED