## 711000108392

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
,					
	_				

Office Use Only



000215322540

12/27/11--01052--007 \*\*78.75



J. Shivers DEC 2 8 2011

## ' COVER LETTER

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

SUBJECT:	McShane WorldWide, Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
Enclosed are an or \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status  \$78.75 Certificate of Status  \$78.75 Filing Fee & Certificate of Status  \$78.75 Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED					
FROM: _	Margaret McShane Name (Printed or typed)					
_	Tampa, FL 33629 City, State & Zip	Carry to				
	813-831-3963  Daytime Telephone number  n/a  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)

	McShane WorldWide,	Inc.		
430	RINCIPAL OFFICE  Principal street address  OP W. San Pedro St.		Mailing address, if different is:	
ARTICLE III PR	mpa, FL 33629  TRPOSE the the corporation is organized is: the corporation is to conduct any		oses.	
Address:	4309 W. San Pedro St. Tampa, FL 33629	Address:		
Name and Title Address:		Address:		
Name and Title Address:	:	Name and Title: Address:		
	EGISTERED AGENT  la street address (P.O. Box NOT acceptable) Corporation Service Company 1201 Hays Street Tallahassee, FL 32301		BII DEC 27 /	
	NCORPORATOR Sess of the Incorporator is: Margaret McShane 4309 W. San Pedro St. Tampa, FL 33629	 		
Having been named this certificate, I am j	as registered agent to accept service of proc familiar with and accept the appointment as re- tamont Wolones Assista Required Signature/Registered Agent	ess for the above stated corpore egistered agent and agree to act	ation at the place designated in in this capacity	
I submit this docum document to the Depo	ent and affirm that the facts stated herein a artment of State constitutes a third degree feld	re true. I am aware that the fa ony as provided for in s.817.155,	alse information submitted in a	
Walkeret	Required Signature/Incorporator		1 1 22   11 Date	