

P12000024539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

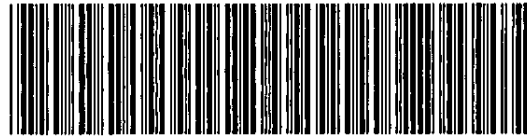
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/09/12--01021--017 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -9 PM 12:41

3/13/12

COVER LETTER

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

SUBJECT: McDill Columbus Investments, 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: Frank A. Lafalce

Name (Printed or typed)

201 N. Franklin St Ste 2800

Address

Tampa, FL 33602

City, State & Zip

813-273-5616

Daytime Telephone number

flafalce@anthonyandpartners.com

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

12 MAR - 9 PM 12: 41

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: McDill Columbus Investments, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2700 N. MacDill Ave #115
Tampa, FL 33607

12 MAR -9 PM 12:41
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Maynard L. Fernandez, Director</u>	Name and Title: _____
Address: <u>2700 N. MacDill Ave #115</u>	Address: _____
<u>Tampa, FL 33607</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:

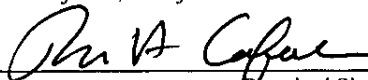
Name: Frank A. Lafalce
Address: 201 N. Franklin St Ste 2800
Tampa, FL 33602

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

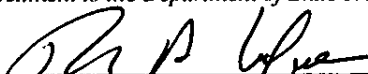
Name: Frank A. Lafalce
Address: 201 N. Franklin St Ste 2800
Tampa, FL 33602

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

 Frank A. Lafalce
Required Signature/Registered Agent

3/7/12
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.

 Frank A. Lafalce
Required Signature/Incorporator

3/7/12
Date