

P12000039432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

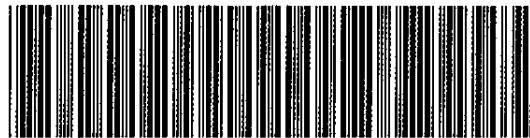
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Mark Nucci DAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Articles IV + VIII  
DATE 4/27/12  
DOC. EXAM MRD

Office Use Only



300231596243

04/26/12--01028--008 \*\*87.50

FILED  
12 APR 26 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
4/27/12

## COVER LETTER

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

**SUBJECT:** MCN Precision Gunsmithing 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 checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Mark Nucci  
Name (Printed or typed)

9492 Pine Lilly Ct  
Address

Navarre, Florida 32566  
City, State & Zip

850-529-3094  
Daytime Telephone number

freemcn@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

MCN Precision Gunsmithing Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

9492 Pine Lilly Ct

Navarre, FL 32566

Mailing address, if different is:

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose for which the corporation is organized is: To repair, buy and sell pistols, rifles, and shotguns and other shooting related items.

**ARTICLE IV SHARES 1**

The number of shares of stock is:

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

Name and Title: Mark Nucci president

Address: 9492 Pine Lilly Ct,

Navarre, FL 32566

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: Mark Nucci

Address: 9492 Pine Lilly Ct

Navarre, FL 32566

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: Mark Nucci

Address: 9492 Pine Lilly Ct

Navarre, FL 32566

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

04/23/12

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.



Required Signature/Incorporator

04/23/12

Date