

P12000050549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

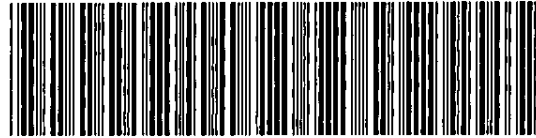
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DEPARTMENT OF STATE  
12 JUN - 1 PM 3:44

FILED  
12 JUN - 1 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ps 6/11/12

## COVER LETTER

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

SUBJECT: MCM Construction & Renovation 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: MICHAEL C. McNAMARA  
Name (Printed or typed)

4774 SHELFER RD.  
Address

TALLAHASSEE FL. 32305  
City, State & Zip

850-509-7269  
Daytime Telephone number

MCM CONSTRUCTION @ COMCAST.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: MCM CONSTRUCTION & RENOVATION INC.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4774 SHELFER RD.  
TALLA. FL. 32305

Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY + ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: <u>MICHAEL C. McNAUANA / PRES.</u>	Name and Title: _____
Address: <u>4774 SHELFER RD.</u>	Address: _____
<u>TALLA. FL. 32305</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: MICHAEL C. McNAUANA  
Address: 4774 SHELFER RD.  
TALLA. FL. 32305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MICHAEL C. McNAUANA  
Address: 4774 SHELFER RD.  
TALLA. FL. 32305

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

6-01-12

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

6-01-12

Date