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(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:				

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COVER LETTER

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

SUBJECT: McLean Air Conditioning	ng Inc.	
(PROPOSED CORPORA	TË NAME – <u>MUST INCI</u>	.UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	OPY REQUIRED
FROM: Sean McLean Name	(Printed or typed)	
225 Vota Lane	Address	
Santa Rosa Beach, FL 3	32459 State & Zip	
850-259-1795 Daytime Te	elephone number	
Mrdmcw@embargmail.co	om I 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)

FILED
SECRETARY OF STATE

Date

	NAME McLean Air Conditionin	na inc	DIVISION OF CORPORATIONS
The name of the co	rporation shall be:	3	12 JUN 11 PM 1: 07
ARTICLE II	PRINCIPAL OFFICE		,
•	Principal <u>street</u> address		g address, if different is:
	25 Vota Lane anta Rosa Beach FL 32459		
_	AIIIA INGA LICAGIT L. J.Z-757		
ARTICLE III	PURPOSE		
	hich the corporation is organized is:		
ARTICLE IV The number of shar	SHARES res of stock is: 00		
	INITIAL OFFICERS AND/OR DIRECTO		
	tle:Sean McLean President	Name and Title:	
Address:	225 Vota Lane Santa Rosa Beach FL 32459	Address:	
	Sallia Rosa Beach FL 32459		
N/ 177		Name and Tide.	
Name and 11 Address:	tle:	Name and Title:	
Address.		Address.	
Nome and Ti	tle:	Name and Title	
Address:		Address:	
			
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable)		
Name:	Sean McLean		
Address:	225 Vota Lane		,
	Santa Rosa Beach FL 32459		
ARTICLE VII	INCORPORATOR		
	tress of the Incorporator is:		
Name:	Sean McLean		
Address:	225 Vota Lane	_	
	Santa Rosa Beach FL 32459		
	ed as registered agent to accept service of proce n familiar with and accept the appointment as re		
6			6.7.12
0			7.74
	Required Signature/Registered Agent		Date
l submit this docu document to the Do	ment and affirm that the facts stated herein a epartment of State constitutes a third degree felo	re true. I am aware that a ony as provided for in s.81	the false information submitted in a 7.155, F.S.
<u></u>			(2.1.12

Required Signature/Incorporator