

PI3000011476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

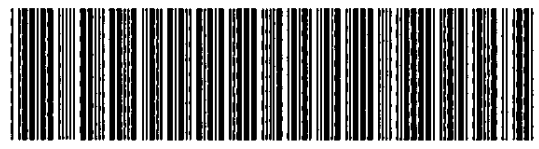
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UMP 2/5

COVER LETTER

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

SUBJECT: Mcnett Design 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: Thomas L. Mcnett

Name (Printed or typed)

2220 Acadie Drive

Address

Jacksonville, Fl. 32217

City, State & Zip

904.737.9705

Daytime Telephone number

t1mcnett@aol.com

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: Mcnett Design Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2220 Acadie Drive

Jacksonville, Florida 32217

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide design services.

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: one hundred (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas L. Mcnett Name and Title: _____

Address President Address: _____

2220 Acadie Drive _____

Jacksonville, Fl. 32217 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Thomas L. Mcnett
 Address: 2220 Acadie Drive
Jacksonville, FI 32217

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Thomas L. Mcnett
 Address: 2220 Acadie Drive
Jacksonville, FI 32217

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

1-31-2013
 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

1-31-2013
 Date