

P13000015128

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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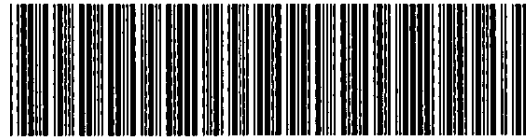
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/30/13--01005--007 **78.75

W13-6096

FILED
13 FEB 13 PM 4:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

T. Borch FEB 14 2013

COVER LETTER

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

SUBJECT: C. McLean, 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: Carolyn M. Cameron

Name (Printed or typed)

13883 Ishnala Circle

Address

Wellington, FL 33414

City, State & Zip

561-692-9055

Daytime Telephone number

cmclean.inc@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2013 FEB 13 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 31, 2013

CAROLYN M. CAMERON
13883 ISHNALA CIRCLE
WELLINGTON, FL 33414

SUBJECT: C. MCLEAN, INC.
Ref. Number: W13000006096

We have received your document for C. MCLEAN, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) VI & VII.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 213A00002472

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

ARTICLE I NAME

C. McLean, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
13883 Ishnala Circle
Wellington, FL 33414

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

C. McLean, Inc. will provide business consulting services to small and medium sized businesses.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carolyn M. Cameron, President
Address: 13883 Ishnala Circle
Wellington, FL 33414

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: Carolyn M. Cameron
Address: 13883 Ishnala Circle
Wellington, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carolyn M. Cameron
Address: 13883 Ishnala Circle
Wellington, FL 33414

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

Carolyn M. Cameron
Required Signature/Registered Agent

5/31/12
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.

Carolyn M. Cameron
Required Signature/Incorporator

5/31/12
Date

FILED
13 FEB 13 PM 4:25
TALLAHASSEE, FL
SECRETARY OF STATE