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(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nan	ne)
(Docur	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	ng Officer:	

Office Use Only



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MR)/13

COVER LETTER

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

_{subject:} Rya	n McPherson In	C.,			
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an orig \$70.00 Filing Fee	inal and one (1) copy of the ar \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of		
		ADDITIONAL CO	Status PPY REQUIRED		

OM:	Ryan T. McPherson
.OIVI.	Name (Printed or typed)
	325 Milano Ln Apt#209
	Address
	Melbourne, FL 32940
	City, State & Zip
	407-791-2195
	Daytime Telephone number
	pikepole74@yahoo.com
	F-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)

CLE I NAM me of the corporati	gon shall be: Ryan McPherson I	nc.,	
CLE II PRIN		Mailing address if different is OF	PH F S
bourne,FL			, i.
CLE III PURP	noer –		<u></u>
rpose for which th	e corporation is organized is: Trim Ca	rpentry	
	····		
		•	
CLE IV SHA	RES. 100		
mber of shares of s	RES tock is: 100 IAL OFFICERS AND/OR DIRECTORS Ryan T. McPherson(President)	Name and Title:	
mber of shares of s	tock is: 100 IAL OFFICERS AND/OR DIRECTORS		
CLE V INIT	tock is: 100 IAL OFFICERS AND/OR DIRECTORS	Name and Title:	
mber of shares of s CLE V INIT Name and Title: Address	IAL OFFICERS AND/OR DIRECTORS Ryan T. McPherson(President)	Name and Title:	
mber of shares of s CLE V INIT Name and Title: Address	IAL OFFICERS AND/OR DIRECTORS Ryan T. McPherson(President)	Name and Title: Address: Name and Title: Address:	
CLE V INIT: Name and Title: Address Name and Title:	IAL OFFICERS AND/OR DIRECTORS Ryan T. McPherson(President)	Name and Title: Address: Name and Title:	
Mame and Title: Address Name and Title: Address	IAL OFFICERS AND/OR DIRECTORS Ryan T. McPherson(President)	Name and Title: Address: Name and Title: Address:	

			FILED
Name and	l Title:	Name and Title:	13 MAR -5 PM 1: 24
Address	- Mina and States	Address:	SECRETARY OF STATE
	4		SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE VI	REGISTERED AGENT	C4h	
	orida street address (P.O. Box NOT acceptable) of Ryan T. McPherson	tine registered agent is	
Name:	325 Milano Ln Apt#209	. ·	
, Address:	Melbourne,FL 32940	_	
		-	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Ryan T. Mcpherson	-	
Address:	325 Milano Ln Apt#209	_	
	Melbourne,FL 32940	_	
		. C	and the second s
	ned as registered agent to accept service of process om familiar with and accept the appointment as req		
Kunniju	Chersay_		2/24/13
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon		
Dun M	LeDhanna,		2/24/13
Thum!	Required Signature/Incorporator		Late
V			•