PHODODOAIU

(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:



400254771064

12/30/13--01005--017 **87.50



Office Use Only

MD 1/3

COVER LETTER

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

SUBJECT: G.E	. MCDONALD C	ORPORATION TE NAME - MUST INCL)N ude suffix)
Enclosed are an orig	inal and one (1) copy of the ar		
□ \$70.00	□ \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
J	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM:	. E. McDonald		
	Nam	e (Printed or typed)	
P.	O. Box 1729		
		Address	
St	uart, FL 34995		
	City	, State & Zip	
77	2-284-5202		
	Daytime 7	Telephone number	

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

gordonmcdonald11@gmail.com

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

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

	<u>CIPAL OPFICE</u> trincipal <u>street</u> address wthorne ST.	-	Mailing address, if different is: P.O. Box 1729	
Stuart, FL 34	997	Stuart, FL 34995		
			इंट्रिंग रंजे	
LRTICLE III PURP			司	
- "	e corporation is organized is: awfull business		<u> </u>	
Arry arro all le	awiuli busiliess			
			7 7	
			PRATE 2	
			. •	
Name and Title:	RES LOCK IS: 100 AL OFFICERS AND/OR DIRECTOR G.E. McDonald P/D P/O/ BOX 1729	Name and Title:		
Name and Title:	G.E. McDonald P/D P/O/ BOX 1729			
Name and Title:	AL OFFICERS AND/OR DIRECTOR G.E. McDonald P/D	Name and Title:		
Name and Title: Address	AL OFFICERS AND/OR DIRECTOR G.E. McDonald P/D P/O/ BOX 1729 Stuart. FL 34995	Name and Title:Address:		
Name and Title: Address Name and Title:	AL OFFICERS AND/OR DIRECTOR G.E. McDonald P/D P/O/ BOX 1729 Stuart. FL 34995	Name and Title: Address: Name and Title:		
Name and Title: Address	AL OFFICERS AND/OR DIRECTOR G.E. McDonald P/D P/O/ BOX 1729 Stuart. FL 34995	Name and Title: Address: Name and Title:		
Name and Title: Address Name and Title:	AL OFFICERS AND/OR DIRECTOR G.E. McDonald P/D P/O/ BOX 1729 Stuart. FL 34995	Name and Title: Address: Name and Title:		
Name and Title: Address Name and Title: Address	G.E. McDonald P/D P/O/ BOX 1729 Stuart. FL 34995	Name and Title: Address: Name and Title: Address:		
Name and Title: Address Name and Title: Address Name and Title: Address	AL OFFICERS AND/OR DIRECTOR G.E. McDonald P/D P/O/ BOX 1729 Stuart. FL 34995	Name and Title: Address: Name and Title: Address: Name and Title:		

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable) o	f the registered agent is:	2 (4 ~
Name:	G.E. McDonald	-	· · · · · · · · · · · · · · · · · · ·
Address:	3192 se Hawthorne St.		DEC 2
	Stuart, FL 34997	-	
<u>ARTICLE VII</u>	INCORPORATOR		M 10: 21
The <u>name</u> and ad	dress of the Incorporator is:		With The Control of t
Name:	G.E. McDonald	_	
Address:	P.O. Box 1729	_	
	Stuart FL	- -	
	ned as registered agent to accept service of process am familiar with and accept the appointment as re		
29 €	McPonali	/2	126/2013
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon		nation submitted in a
D. E.	Mc Doney Required Signature/Incorporator		26/2013 Date

G.E. MCDOMALD CORPORATION

ARTICLE VIII Effective Date

The effective date of the start of corporation shall be January 2, 2014.

13 DEC 30 AM 10: 21