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Division of Corporations

1/7/14

Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
Tracy Lynn McCabe P.A.

Certificate of Status	1
Certified Copy	0
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Tracy Lynn McCabe P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1412 SE 2nd Place
Cape Coral, FL 33990

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares at No Par Value

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of: Real Estate

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-835-3940

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Tracy Lynn McCabe
1412 SE 2nd Place
Cape Coral, FL 33990

ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Tracy Lynn McCabe - President/Director
1412 SE 2nd Place, Cape Coral, FL 33990


ARTICLES VII INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Tracy Lynn McCabe
1412 SE 2nd Place, Cape Coral, FL 33990

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

7th day of January 2014


Tracy Lynn McCabe
SIGNATURE

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Tracy Lynn McCabe P.A.

2. The name and address of the registered agent and office is:

Tracy Lynn McCabe
Name

1412 SE 2nd Place
(P.O. Box or Mail Drop Box NOT Acceptable)

Cape Coral, FL 33990
(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity: I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

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TALLAHASSEE FLORIDA

Tracy Lynn McCabe
Tracy Lynn McCabe
SIGNATURE

01/07/2014
(Date)

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