

P/4000020367

(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:

Office Use Only



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RECEIVED  
DEPT. OF STATE  
CORPORATION  
2014 MAR -6 AM 11:29  
SUFFICIENCY OF FILING

APPROVED  
AND  
FILED  
14 MAR -6 AM 11:28  
DEPT. OF STATE  
CORPORATION  
FLORIDA

B 3/6/14

## COVER LETTER

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

SUBJECT: McCoy's Concrete 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: Homar McCoy  
Name (Printed or typed)

3669 Uncle Glover Rd  
Address

Tallahassee FLA 32312  
City, State & Zip

850-545-7266  
Daytime Telephone number

Cement2451@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: McCoy's Concrete Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3669 Uncle Glover Rd  
TALL FL  
32312

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: pour concrete slabs, walks  
patios

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Homar McCoy President Name and Title: \_\_\_\_\_

Address 3669 Uncle Glover Rd Address: \_\_\_\_\_  
Tallahassee FL  
32312

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

STATE OF FLORIDA  
SECRETARY OF STATE

14 MAR -6 AM 11:29

APPROVED  
AND  
FILED

(conti.)

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: Homar McCoy  
Address: 3669 Uncle Glover Rd  
Tallahassee Fl. 32312

STATE OF FLORIDA  
MAR 6 2014 11:29 AM

14 MAR -6 AM 11:29

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Homar McCoy  
Address: 3669 Uncle Glover Rd  
TALL. FL 32312

*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*

Homar McCoy  
Required Signature/Registered Agent

3/6/14  
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.*

Homar McCoy  
Required Signature/Incorporator

3/6/14  
Date