

PI 4000023272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

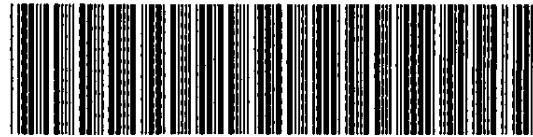
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 12 PM 2:23

## COVER LETTER

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

**SUBJECT: MacLean Distributors 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: Matthew P. MacLean**

Name (Printed or typed)

**10 Oak Road**

Address

**St. Augustine, FL 32080-5933**

City, State & Zip

**(904) 501-7789**

Daytime Telephone number

**frac96@yahoo.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: MacLean Distributors Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10 Oak Road

St. Augustine, FL 32080-5933

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Distribution of bakery products

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Matthew P. MacLean, President

Address: 10 Oak Road  
St. Augustine, FL  
32080-5933

Name and Title: Matthew P. MacLean, Sec.

Address: 10 Oak Road  
St Augustine, FL  
32080-5933

Name and Title: Matthew P. MacLean, V.P.

Address: 10 Oak Road  
St. Augustine, FL  
32080-5933

Name and Title: Matthew P. MacLean, Treas.

Address: 10 Oak Road  
St. Augustine, FL  
32080-5933

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

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

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

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

(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: Matthew P. MacLean  
Address: 10 Oak Road  
St. Augustine, FL 32080-5933

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Matthew P. MacLean  
Address: 10 Oak Road  
St. Augustine, FL 32080-5933

*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*

Matthew P. MacLean 03/10/2014  
Required Signature/Registered Agent 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.*

Matthew P. MacLean 03/10/2014  
Required Signature/Incorporator Date