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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

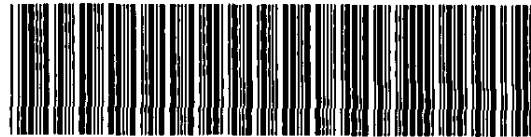
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: **McCLAY PROPERTY HOLDINGS USA, 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: **Troy McClay**  
Name (Printed or typed)

**711 Coral Drive**  
Address

**Cape Coral, Florida 33904**  
City, State & Zip

**519-485-3088**  
Daytime Telephone number

**tejas@mcclays.ca**  
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: McClay Property Holdings USA, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

711 Coral Drive

Cape Coral, Florida 33904

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to engage in any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Troy McClay P/D

Address: 711 Coral Drive  
Cape Coral, FL 33904

Name and Title: Matt Schock VP

Address: 711 Coral Drive  
Cape Coral, FL 33904

Name and Title: Ryan McClay S/T/D

Address: 711 Coral Drive  
Cape Coral, FL 33904

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

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

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

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

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

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

14-05-11 AM 11:29  
SECRETARY OF STATE  
FLORIDA

(cont.)

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: Troy McClay  
Address: 711 Coral Drive  
Cape Coral, FL 33904

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Troy McClay  
Address: 711 Coral Drive  
Cape Coral, FL 33904

*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*

X Troy McClay  
Required Signature/Registered Agent

July 17, 2014  
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.*

X Troy McClay  
Required Signature/Incorporator

July 17, 2014  
Date

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TALLAHASSEE, FLORIDA  
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