

P15000038799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

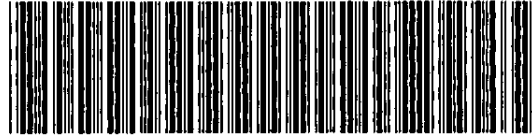
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900272181809

FILING CANCELLED  
RETURNED CHECK

04/27/15--01056--008 \*\*87.50

15 APR 27 PM 12:26  
APPROPRIATE 10000

MD 4/30

## COVER LETTER

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

**SUBJECT:** Maureen McGrath Services, 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:** Maureen McGrath

Name (Printed or typed)

11660 Point Drive

Address

Merritt Island, FL 32952

City, State & Zip

321-253-2676

Daytime Telephone number

maureen.mcgrath1@me.com

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

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

FILING CANCELLED  
RETURNED CHECK

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: Maureen McGrath Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

11660 Point Drive  
Merritt Island, FL 32952

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: all lawful purposes.

**ARTICLE IV SHARES 1,000**

The number of shares of stock is: 1,000

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

Name and Title: Maureen McGrath, D/P

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

Address: 11660 Point Drive  
Merritt Island, FL 32952

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

Name and Title: Maureen McGrath, S

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

Address: 11660 Point Drive  
Merritt Island, FL 32952

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

Name and Title: Maureen McGrath, T

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

Address: 11660 Point Drive  
Merritt Island, FL 32952

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

FILING CANCELLED  
RETURNED CHECK (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: Maureen McGrath  
Address: 11660 Point Drive  
Merritt Island, FL 32952

**ARTICLE VII INCORPORATOR**

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

Name: Maureen McGrath  
Address: 11660 Point Drive  
Merritt Island, FL 32952

*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*

Maureen McGrath  
Required Signature/Registered Agent

April 22, 2015  
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.*

Maureen McGrath  
Required Signature/Incorporator

April 22, 2015  
Date

15 APR 27 PM 12:26  
ATLANTA, GA  
FBI