

P15000052840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

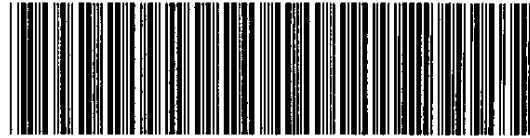
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

P

Office Use Only



200274036642

06/17/15--01017--018 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN 17 PM 4:38

FILED

COVER LETTER

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

SUBJECT: Robbie Mackie Pools, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Robert C. Mackie

Name (Printed or typed)

6816 Pearl Lane

Address

Panama City, FL 32404

City, State & Zip

850-258-5860

Daytime Telephone number

elchaffin@mchsi.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: Robbie Mackie Pools, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6816 Pearl Lane

same

Panama City, FL 32404

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To provide pool maintenance services and conduct such other business as may be lawful in the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert C. Mackie, President, Director

Name and Title: Elizabeth L. Mackie, VP & Sec'y-Treas

Address 6816 Pearl Lane

Address: 6816 Pearl Lane

Panama City, FL 32404

Panama City, FL 32404

(also a Director)

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
15 JUN 17 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Robert C. Mackie
Address: 6816 Pearl Lane
Panama City, FL 32404

FILED
15 JUN 17 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Robert C. Mackie
Address: 6816 Pearl Lane
Panama City, FL 32404

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Robert C. Mackie
Required Signature/Registered Agent

6/15/15
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.

Robert C. Mackie
Required Signature/Incorporator

6/15/15
Date