

P15000065237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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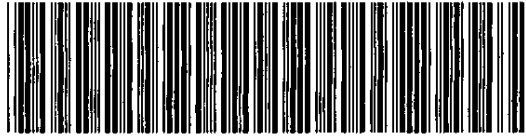
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 04 2015

W PAINTER

COVER LETTER

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

SUBJECT: McRAE REFERRAL GROUP 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: ANN McRAE
Name (Printed or typed)

3212 Hibiscus Dr
Address

HERNANDO BEACH. FL 34607
City, State & Zip

352-279-8629
Daytime Telephone number

Sellingrealestate@tampabay.fl.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: McRAE REFERRAL GROUP INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
3212 HIBISCUS DRIVE
HERNANDO BEACH.
FL 34607

Mailing address, if different is:
P.O. Box 518
ARIPEKA
FL 34679

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE REFERRAL
COMPANY TO PROVIDE LEADS
FOR LISTING AND SELLING FROM
ASSOCIATES TO BROKER

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANN McRAE PRES. Name and Title: _____

Address 3212 HIBISCUS DR Address: _____
HERNANDO BEACH
FL 34607

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF CIRCUIT COURT
MIAMI-DADE COUNTY, 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: JOHN MCRAE

Address: 3212 HIBISCUS DR
HERNANDO BEACH FL 34607

ARTICLE VII INCORPORATOR

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

Name: ANN MCRAE

Address: 3212 HIBISCUS DR
HERNANDO BEACH FL 34607

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

John McRae
Required Signature/Registered Agent

7/26/15
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.

Ann McRae
Required Signature/Incorporator

7/26/15
Date