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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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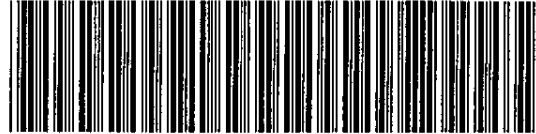
(Business Entity Name)

(Document Number)

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AUG 24 2015

T. SCOTT

PERKINS OLSON, P.A.
ATTORNEYS AT LAW

32 Pleasant Street
P.O. Box 449
Portland, Maine 04112-0449

(207) 871-7159
FAX (207) 871-0521
<http://www.perkinsolson.com>

David J. Perkins
Email: dperkins@perkinsolson.com

August 7, 2015

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

RE: Maine Lobster Pound, Inc.

Dear Division of Corporations:

Enclosed please find the Articles of Incorporation for the above referenced entity, along with the filing fee.

Thanks.

Yours sincerely,


David J. Perkins

/lk
Enclosures
cc: Rick McLaughlin

COVER LETTER

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

SUBJECT: Maine Lobster Pound, 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: David J. Perkins, Esq.
Name (Printed or typed)

32 Pleasant Street, P.O. Box 449
Address

Portland, ME 04112-0449
City, State & Zip

(207) 871-7159
Daytime Telephone number

dperkins@perkinsolson.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: Maine Lobster Pound, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

101 Seaway Drive

P.O. Box 59

Fort Pierce, FL 34950

Lincolnton, ME 04849

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Operate a restaurant, and a retail lobster business

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard A. McLaughlin, President & Treas

Name and Title: _____

Address

20 Lily Lane

Address: _____

Lincolnton, ME 04849

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

15 AUG 17 AM 11:27

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: NEAL ~~NEAL~~ McLaughlin

Address: 823 S. Kings Highway AVE.
Brandon, FL 33511

ARTICLE VII INCORPORATOR

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

Name: Richard A. McLaughlin

Address: 20 Lily Lane, P.O. Box 59
Lincolnton, NC 28126

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 state corporation, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Neal McLaughlin
Required Signature/Registered Agent

Aug 11, 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.

Richard A. McLaughlin
Required Signature/Incorporator

8-5-2015
Date