

P15000084341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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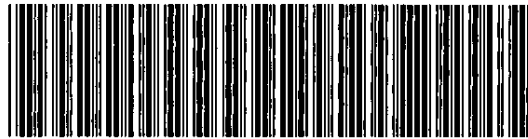
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 OCT -8 AM 11:07

10/14 ch

COVER LETTER

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

SUBJECT: Maclver Paving Incorporated

(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: Lisa J. Maclver

Name (Printed or typed)

19-B Cypress Circle

Address

Ormond Beach, FL 32176

City, State & Zip

508-496-0233

Daytime Telephone number

lisamaciver7@gmail.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: MacIver Paving Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

19-B Cypress Circle

Ormond Beach, FL 32176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To establish a Paving Company in Volusia County.

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa J. MacIver, President

Name and Title: Darren Bontempo, Vice President

Address 19-B Cypress Circle

Address: 19-B Cypress Circle

Ormond Beach, FL 32176

Ormond Beach, FL 32176

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Lisa J. MacIver _____

Address: 19-B Cypress Circle _____

Ormond Beach, FL 32176 _____

ARTICLE VII INCORPORATOR

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

Name: Lisa J. MacIver _____

Address: 19-B Cypress Circle _____

Ormond Beach, FL 32176 _____

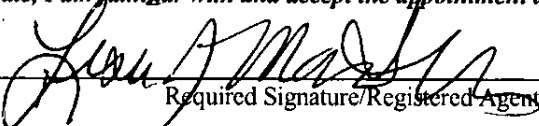
ARTICLE VIII EFFECTIVE DATE:

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

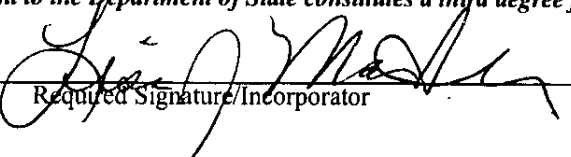


Required Signature/Registered Agent

10-3-2015

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.



Required Signature/Incorporator

10-3-2015

Date