

P/500009/4/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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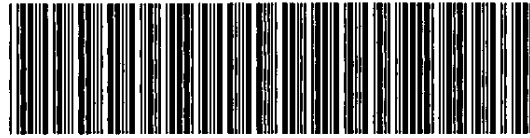
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 NOV -2 AM 10:42

11/10/15

COVER LETTER

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

SUBJECT: Mays Irrigation, 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: William K. Mays

Name (Printed or typed)

309 Avenue F

Address

Bloomington, IL 61704

City, State & Zip

309-275-8805

Daytime Telephone number

wllmmys@yahoo.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: Mays Irrigation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

309 Avenue F

Bloomington, IL 61704

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide an irrigation service.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William K. Mays / President

Name and Title: _____

Address 309 Avenue F

Address: _____

Bloomington, IL 61704

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: Heather Price - Nationwide Tax Consulting
Address: 7410 S US Highway 1 Suite 403
Port St.Lucie, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William K. Mays
Address: 309 Avenue F
Bloomington, IL 61704

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 29, 2015 (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

Heather Price
Required Signature/Registered Agent

9-29-15
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.

☒ William K. Mays
Required Signature/Incorporator

10-25-15
Date