

P160000020003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

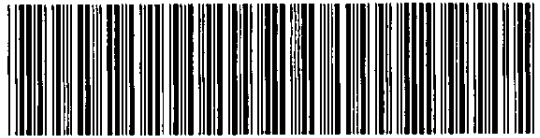
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SUFFOLK COUNTY  
CLERK OF SUPERIOR COURT

16 MAR - 4 AM 11:45  
SECRETARY OF STATE  
TALIAFERRO  
CLERK OF SUPERIOR COURT

MAR - 4 2016

COVER LETTER

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

SUBJECT: MCLEAN & MCLEAN 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: John R. McLEAN  
Name (Printed or typed)

1747 woodville Hwy.  
Address

CRAWFORDVILLE FL. 32327  
City, State & Zip

850-509-0676  
Daytime Telephone number

THEJOHNRMCLEAN@Gmail.Com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

I John R. McLean have no  
intentions of Reinstating

MC LEAN + McLEAN, INC.

doe # P13000085186

and I release the name.

3/14/16

John R. McLean

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: MCLEAN & MCLEAN INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1747 woodville Hwy  
CRAWFORDVILLE FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROPERTY ~~MANAGEMENT~~ & CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN R. MCLEAN, PRES. Name and Title: \_\_\_\_\_

Address: 1747 woodville Hwy Address: \_\_\_\_\_

CRAWFORDVILLE, FL.

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: JOHN R. McLEAN

Address: 1747 woodville Hwy  
CRAWFORDVILLE FL.  
32327

**ARTICLE VII INCORPORATOR**

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

Name: JOHN R. McLEAN

Address: 1747 woodville Hwy  
CRAWFORDVILLE FL.  
32327

**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 R. McLean  
Required Signature/Registered Agent

3/4/16  
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.*

John R. McLean  
Required Signature/Incorporator

3/4/16  
Date