

PI6000036895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

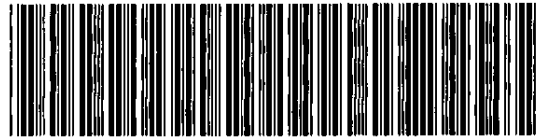
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400285019854

04/27/16--01011--002 **87.50

RECEIVED
DEPARTMENT OF STATE
16 APR 27 AM 10:24

16 APR 27 AM 10:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
FILED

4/27/16

APPROVED
AND
FILED

16 APR 27 AM 10:36

COVER LETTER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Mcgee Pool Construction 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: Thomas Mcgee
Name (Printed or typed)
2743 Ben Stoutmire Rd
Address
Tallahassee, Fla 32310
City, State & Zip
850-800-6219
Daytime Telephone number
mcgee.F102@Comcast.NET
E-mail address: (to be used for future annual report notification)

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

APPROVED
AND
FILED

ARTICLES OF INCORPORATION
in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

16 APR 27 AM 10:36

ARTICLE I NAME

The name of the corporation shall be:

Mcgee Pool Construction, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2743 Ben Stoutimire
Tallahassee Fla 32310

PO Box
2044 Tallahassee Fla
32316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All
Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

President

Name and Title:

Address

PO Box 2044
Tallahassee Fla
32316

Address:

Name and Title:

Thomas McKee

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

APPROVED
AND
FILED

16 APR 27 AM 10:36

Name and Title: _____ Name and Title: _____
Address _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Thomas McKee
Address: 2743 Ben Stout Mlre Rd
Tallahassee Fla 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas McKee
Address: Po Box 2044
Tallahassee Fla 32316

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

Thomas McKee

Required Signature/Registered Agent

4-27-16

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.

Thomas McKee

Required Signature/Incorporator

4-27-16

Date