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(Re	questor's Name)			
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<u></u>	WAIT	MAIL		
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(Do	cument Number)			
Certified Copies	_ Certificate:	s of Status		
Special Instructions to	Filing Officer:			

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COVER LETTER

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

SUBJECT: JN	McDonald Enterprises	•	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the arti	icles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	•	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL COPY		PY REQUIRED
FROM: _	James M. McDonald	(Printed or typed)	
_	300 60th St. N		
	F	Address	
	St. Petersburg, FL 33		
	City,	State & Zip	
	410-935-2076		
	Daytime T	elephone number	· · ·
	mcdonald_jim@verizo		
	E-mail address: (to be use	d 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)

CLE II PR	INCIPAL OFFICE Principal street address	Mailing	address, if different is:
0 60th St. N			
Petersburg,	FL 33710		
ICLE III PUR urpose for which	the corporation is organized is: to engage	in E-Commerce Reta	ail of General Merchan
-			
TCLE IV SH	ARES 4000		
TICLE IV SH	ARES f stock is: 1000		
TCLE IV SH. number of shares of	ARES f stock is: 1000		
number of shares of	f _{stock} is: 1000 TIAL OFFICERS AND/OR DIRECTOR	<u></u>	
number of shares of	f stock is: 1000	_	
number of shares of	f _{stock} is: 1000 TIAL OFFICERS AND/OR DIRECTOR	_	
TCLE V INI Name and Titi	f _{stock is:} 1000 TIAL OFFICERS AND/OR DIRECTOR _{e:} James M. McDonald-President	Name and Title:	
TCLE V INI Name and Titi	TIAL OFFICERS AND/OR DIRECTOR e: James M. McDonald-President 300 60th St. N	Name and Title:	
TCLE V INI Name and Titi Address	TIAL OFFICERS AND/OR DIRECTOR e: James M. McDonald-President 300 60th St. N	Name and Title: Address:	
TCLE V INI Name and Titi Address	TIAL OFFICERS AND/OR DIRECTOR 10: James M. McDonald-President 300 60th St. N St. Petersburg, FL 33710	Name and Title: Address: Name and Title:	(E)
Name and Title Name and Title	TIAL OFFICERS AND/OR DIRECTOR 1000 TIAL OFFICERS AND/OR DIRECTOR 1000	Name and Title: Address: Name and Title:	15 / 15 / 15 / 15 / 15 / 15 / 15 / 15 /
Name and Title Name and Title	TIAL OFFICERS AND/OR DIRECTOR 10: James M. McDonald-President 300 60th St. N St. Petersburg, FL 33710	Name and Title: Address: Name and Title:	16 / 18 2 1 A
Name and Title Name and Title	TIAL OFFICERS AND/OR DIRECTOR 10: James M. McDonald-President 300 60th St. N St. Petersburg, FL 33710	Name and Title: Address: Name and Title:	16 2 2
Name and Title Address Address	TIAL OFFICERS AND/OR DIRECTOR 1000 TIAL OFFICERS AND/OR DIRECTOR 200 60th St. N St. Petersburg, FL 33710	Name and Title: Address: Name and Title: Address:	2
Name and Title Address Address	TIAL OFFICERS AND/OR DIRECTOR 1000 TIAL OFFICERS AND/OR DIRECTOR 200 60th St. N St. Petersburg, FL 33710	Name and Title: Address: Name and Title: Address:	2

Name and	Title:	Name and Title:	
Address	 	Address:	
	REGISTERED AGENT		
The name and Flo	rida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	James M. McDonald	_	
Address:	300 60th St. N	_	
	St. Petersburg, FL 33710	_	
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and add</u>	Iress of the Incorporator is:		
Name:	James M. McDonald	_	
Address:	300 60th St. N		
	St. Petersburg, FL 33710		
	ed as registered agent to accept service of proce in familiar with and accept the appointment as re		
James 1	Required Signature/Registered Agent		10-17-16 Date
	Required Signature/Registered Agent		Date
	ment and affirm that the facts stated herein ar epartment of State constitutes a third degree felo		
Jama h	. Mc Konall		10-17-16
	Required Signature/Incorporator		Date