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COVER LETTER

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

SUBJECT: S. Macl	Donald Management Co., Inc.		
30 32 01	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d 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 o Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Name	e (Printed or typed)	
127	75 Barclay Blvd	Address	
Bu	ffalo Grove, IL 60089		
	City,	State & Zip	
877	7-894-0072		
_	Daytime 1	elephone number	
	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 INC		2016 050	SECKE SYCEN
ARTICLE I NAME The name of the corporat	ion shall be:	Co., Inc.		
ARTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address	Mailing address, if d	ifferent is:	/- O
5383 Wallis Road		5383 Wallis Road	ဘ	
West Palm Beach, FL 3	3415	West Palm Beach, FL 33415		
ARTICLE III PURPO The purpose for which the	OSE to act as a ne corporation is organized is:	management company		
			-	w. <u>-</u>
				
	LOFFICERS AND/OR DIRECTORS Stephen A. MacDonald / Director 5383 Wallis Road West Palm Beach, FL 33415	Name and Title:Address:		
Name and Title:	·			
Address				
Name and Title:				
Address		Address:		
				.

Name an	d Title:	Name and Title:	
Address		Address:	
	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT accepta	skla) of the registered agent is:	
Name:	John L. Lancianese, Jr., CPA	iole) of the registered agent is.	
Address:	7405 Park Lane Road		7
Address.	Lake Worth, FL 33449		
			
ARTICLE VII	<u>INCORPORATOR</u>		75 - C.
The <u>name and a</u>	ddress of the Incorporator is:		<i>i</i> 5
Name:	Stephen A. MacDonald		5
Address:	5383 Wallis Road	-	
	West Palm Beach, FL 33415		
	EFFECTIVE DATE: Tother than the date of filing:	. (OPTIONAL)	
(If an effective of filing.)	date is listed, the date must be specific and	cannot be more than five days prior or	90 days after the
_			
	e inserted in this block does not meet the app effective date on the Department of State's re		ate will not be listed as
Havino heen na	med as registered agent to accept service of p	process for the above stated corporation of	nt the place designated in
	am amiliar with and accept the appointmen		
A.	1 C/A		ulielie
	Required Signature/Registered Age	nt	Date
	cument and affirm that the facts stated here Department of State constitutes a third degre		
	The		ol. L.
Requ	nired Signature/Incorporator		<u>// // // // // // // // // // // // // </u>