

(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : 120150000107

: (941)625-1925

Fax Number : (941)625-1526

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: danielle@taxsaversfl.net

## FLORIDA PROFIT/NON PROFIT CORPORATION

## John McKee Concrete Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Corporate Filing Menu

Help

## ARTICLES OF INCORPORATION

TAXSAVERS

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### Address ### Address #### Address #### Address ###################################	TICLE II PRINCI			
Address  Name and Title:			Mailing address, if d	ifferent is:
RTICLE IV SHARES In purpose for which the corporation is organized is:    Purpose for which the corporation is organized is:   Day and all lawful business.	13 Taneytown Street			
RTICLE IV SHARES he number of shares of stock is:  RTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title:  Address  North Port, FL 34291  Name and Title:	orth Port, FL 34291			
he number of shares of stock is:    RTICLE V	TICLE III PURPOS e purpose for which th	<u>SE</u> e corporation is organized is:	nd all lawful business.	
Name and Title:  Name and Title:  Name and Title:  North Port, FL 34291  Name and Title:  Address  Name and Title:		-		
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Name and Title:		• •		
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Name and Title:   John S. McKes / President	c manour or shares or s			
Address	TICLE V INITIAL	LOFFICERS AND/OR DIRECTO  John S. McKee / President		
Name and Title:  Address  Name and Title:  Address  Address:  Name and Title:  Address:  Name and Title:		6413 Taneytown Street		
Name and Title:  Address  Address:  Address:  Name and Title:  Name and Title:  Name and Title:  Name and Title:	Addross ,		Address:	<del> </del>
Address Address:		- April - Apri		
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Name and	Title:	Name and Title:
Address		Address:
	<del></del>	
	EGISTERED AGENT	
The <u>name and Fig</u>	rida street address (P.O. Box NOT nece John S. McKee	iphobic) of the registered agent is:
Address:	6413 Taneytown Street	<del></del>
Address,	North Port, FL 34291	<del></del>
ARTICLE VII 1	NCORPORATOR	
The <u>name and add</u>	ress of the Incorporator is:	
Name:	John S. McKee	
Address:	6413 Taneytown Street	
	North Port, FL 34291	
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, if o (If an effective da filing.)	ther than the date of filing: te is listed, the date must be specific a	. (OPTIONAL) nd cannot be more than five days prior or 90 days after the
Note: If the date i	nserted in this block does not meet the a bettive date on the Department of State's	pplicable statutory filing requirements, this date will not be listed as records.
Having been name	ld as registered agent to accept service on familiar with good accept the appointment	of process for the above stated corporation at the pigce designated in east as registered agent and agree to act in this capacity
-	Required Signature/Registered /	Agent (1)Bic
I submit this docu	ment and affirm that the facts stated hi gazement of Sigto constitutes a third de	erein are true. I am aware that the false information submitted in a gree felony as provided for in s.817.155, F.S.
Require	ad Signature Market porator	// Date