

P17000060084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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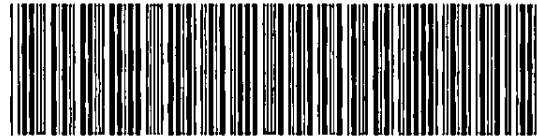
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/13/17--01012--012 **70.00

17 JUL 13 AM 10:01
STATE
FLORIDA

EFFECTIVE DATE 07/07/17

07/14/17

COVER LETTER

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

SUBJECT: Chris Macmillan 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: Christopher Keith Macmillan
Name (Printed or typed)

11115 Oswalt Rd
Address

Clermont FL 34711
City, State & Zip

321-948-1820
Daytime Telephone number

MadJoker311@yahoo.com
E-mail address: (to be used 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)

ARTICLE I NAME

The name of the corporation shall be: Chris MacMillan inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11115 Oswalt Rd
34711 Clermont FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any legal activity

ARTICLE IV SHARES

The number of shares of stock is: 100

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STATE
OF
FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chris MacMillan Name and Title:

Address: 11115 Oswalt Rd Address:

34711 Clermont 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: CHRIS MACMILLAN
Address: 1115 Oswalt Rd
Clermont, FL 34711

ARTICLE VII INCORPORATOR

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

Name: CHRIS MACMILLAN
Address: 1115 Oswalt Rd
Clermont, FL 34711

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DEPT. OF STATE
FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/7/17 (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

X Chris Macmillan
Required Signature/Registered Agent

7-7-17
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.

X Chris Macmillan
Required Signature/Incorporator

7-7-17
Date