

02/05/2018 03:53

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001/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813)435-3176
Fax Number : (713)429-1276

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

Email Address: Mackie Solutions@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Snowbird Financial Consulting, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
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N. SAMS

FEB 06 2018

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Snowbird Financial Consulting, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address5620 Sherborn DriveUnit 201Naples, Florida, 34110

Mailing address, if different is:

5620 Sherborn DriveUnit 201Naples, Florida, 34110**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 1000 COMMON STOCK AT \$0.01 PAR**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: W Cameron Scott MackieAddress 5620 Sherborn DriveUnit 201Naples, Florida, 34110

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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18 FEB -5 PM 3:44
CLERK OF DISTRICT COURT
NAPLES, FLORIDA

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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: W Cameron Scott Mackie

Address: 5620 Sherborn Drive, Unit 201

Naples, Florida, 34110

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: W Cameron Scott Mackie

Address: 5620 Sherborn Drive, Unit 201

Naples, Florida, 34110

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 days prior or 90 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*_____
Required Signature/Registered Agent

02/02/2018

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.*_____
Required Signature/Incorporator

02/02/2018

Date

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18 FEB -5 PM 3:44
TALLAHASSEE, FLORIDA

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