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(Business Entity Name)

(Document Number)

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2018 MAY -1 AM 9:53
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D O'KEEFE
MAY - 1 2018

COVER LETTER

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

SUBJECT: McGee Pool Const. and Services 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: Thomas McGee
Name (Printed or typed)

2743 Ben STOUTAMIRE Rd
Address

Tallahassee Fla 32310
City, State & Zip

850-800-6219
Daytime Telephone number

Thomas.M107@Comcast-Net
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: McGee Pool Construction and Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2743 Ben STOUTAMIRE
Rd. TALLAHASSEE
FLA 32310

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Pool Const.
Services

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pres. Thomas McGee Name and Title: _____

Address: 2743 Ben Address: _____
STOUTAMIRE
Rd. TALLAHASSEE FLA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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: THOMAS MCGEE
Address: 2743 Ben STOUTAMIRE
Rd TALLAHASSEE FLA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: THOMAS MCGEE
Address: 2743 Ben STOUTAMIRE
Rd TALLAHASSEE FLA

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

Thomas McGee

Required Signature/Registered Agent

5-1-18

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.

Thomas McGee

Required Signature/Incorporator

5-1-18

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA