

P18000076212

(Requestor's Name)

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CLERK OF SUPERIOR COURT
JANUARY 10 2018

T COLLINS
SN/7700 1
SEP 11 2018

COVER LETTER

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

SUBJECT: Patrick McBride, P. A.
(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: Pat McBride
Name (Printed or typed)

126 SW 17th Road Apt 505
Address

Miami, FL 33129
City, State & Zip

305-619-2937
Daytime Telephone number

patmcbride8@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: Patrick McBride, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

126 SW 17th Road Apt 505
Miami, FL, 33129

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The practice of Real Estate
Services by Licensed Real Estate Professionals.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patrick McBride Name and Title: _____

Address: 126 SW 17th Road Address: _____
#505 Miami, FL
33129

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: Patrick McBride
Address: 3200 NW 41st, Suite 155
Doral, FL 33166

ARTICLE VII INCORPORATOR

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

Name: Patrick McBride
Address: 126 SW 17th Road #505
Miami, FL 33129

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STATE OF FLORIDA
DEPARTMENT OF STATE


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

8/30/18
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.


Required Signature/Incorporator

8/30/18
Date