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(Requestor's Name) (Address) (Address)	100331416551			
(City/State/Zip/Phone #)	100331416551 06/28/1901024003 **70.00			
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COVER LETTER

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

SUBJECT E SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Filing Fee

■ \$78.75 Filing Fee & Certificate of Status □ \$78.75
 □ \$87.50
 Filing Fee
 & Certified Copy
 & Certificate of Status
 ADDITIONAL COPY REQUIRED



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

•	ARTICLES OF INCO In compliance with Chapter 607 and/		
ARTICLE I NAME The name of the corporation	on shall be: McDowell M	loving EHaulir	g Inc.
· ·	<u>PALOFFICE</u> Principal <u>street</u> address <u>PACK (GNC</u> <u>ry Fl 32746</u>		and in the Lune
<u>ARTICLE III PURPO.</u> The purpose for which th	SE e corporation is organized is: <u>AU</u>	gal Buisnes:	3
		,, _,, _	
	LOFFICERS AND/OR DIRECTORS		
	305 Arbor Park CanE		
	La Ke Mary A 3274(f	JUN 28
Name and Title:		_ Name and Title:	PN 3:0
Address		Address:	STALE
Name and Title:		_ Name and Title:	
Address			<u>_</u>

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Name and Title:_	 	Name and Ti	tle:	
Address	 	Address:		
-	 			
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ARTICLE VI – REGISTERED <u>AGE</u>	N
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The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

es ina Name: Addresst

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

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Address:

<u>ARTICLE VIII EFFECTIVE DATE:</u> Effective date, if other than the date of tiling:

Effective date, if other than the date of tiling: $\frac{6}{28}$ (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

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a γ docupent to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ired Signature/Incorporator