

P190000093770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

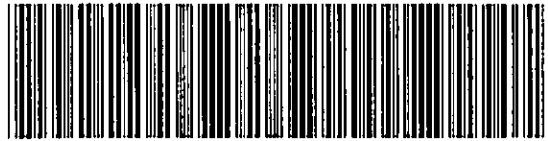
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800337337858

11/25/19--01054--028 **78.75

FILED
19 NOV 25 PM 4:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: MCDavid's CAFE, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: RICHARD E. MCDAVID

Name (Printed or typed)

172 S.W. HAPPINESS LANE

Address

LAKE CITY, FL 32025

City, State & Zip

352-339-1606

Daytime Telephone number

RICHARD@MWCIT.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: MCDavid's CAFE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

172 S.W. HAPPINESS LANE

LAKE CITY, FL 32025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 @ \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MCDavid, RICHARD E. DP

Name and Title: _____

Address 172 S.W. HAPPINESS LANE

Address: _____

LAKE CITY, FL 32025

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
19 NOV 25 PM 4:02
SECRETARY OF STATE
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: RICHARD E. MCDAVID
Address: 172 S.W. HAPPINESS LANE
LAKE CITY, FL 32025

FILED
19 NOV 25 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: RICHARD E. MCDAVID
Address: 172 S.W. HAPPINESS LANE
LAKE CITY, FL 32025

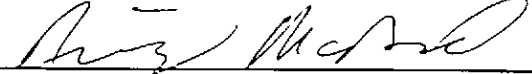
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JANUARY 01, 2020 (OPTIONAL)

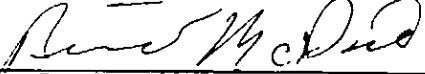
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 RICHARD MCDAVID 11/21/17
Required Signature/Registered Agent 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.

 RICHARD MCDAVID 11/21/17
Required Signature/Incorporator Date