

P200000002541

(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



400337894354

12/16/19--01016--001 **70.00

19 DEC 16 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MaCLEANCUT 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: Matthew P. MacLean
Name (Printed or typed)

10 Oak Rd.
Address

St. Augustine Bch. FL 32080
City, State & Zip

904-501-7789
Daytime Telephone number

frac96@yahoo.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: MACLEAN CUT Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10 Oak Rd.
St. Augustine Bch.
FL 32080

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Operate lawn and landscape
service in St. Johns County Florida

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matthew Madam President Name and Title: _____

Address 10 Oak Rd. Address: _____

St. Augustine Bch.

Florida 32080

Name and Title: Afton Williams Treasurer Name and Title: _____

Address 82 Andover Dr. Address: _____

St. Augustine

FL 32080

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Matthew P. MacLean
Address: 10 Oak Rd.
St Augustine Bch, FL 32080

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MACLEAN CUT Inc.
Address: 10 Oak Rd.
St Augustine Bch, FL 32080

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1-2-2020 (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

Matthew P. MacLean
Required Signature/Registered Agent

12-10-19
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.

Matthew P. MacLean
Required Signature/Incorporator

12-10-19
Date