

P20000004090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

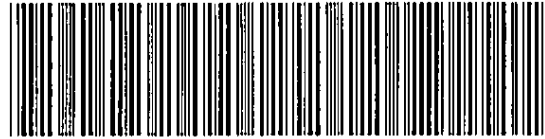
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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20 JAN 22 11:05

2020 JAN 22 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 147811 170159A  
AUTHORIZATION :   
COST LIMIT : \$ 70.00'

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ORDER DATE : January 21, 2020  
ORDER TIME : 9:12 AM  
ORDER NO. : 147811-005  
CUSTOMER NO: 170159A

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DOMESTIC FILING

NAME: MCPLOW, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

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

MCPLOW, INC.

SUBJECT: \_\_\_\_\_  
(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: \_\_\_\_\_  
Name (Printed or typed)  
  
925 N.W. 556th Ter, Suite C  
\_\_\_\_\_  
Address  
  
Gainesville, FL 32605  
\_\_\_\_\_  
City, State & Zip  
  
352-336-0800  
\_\_\_\_\_  
Daytime Telephone number  
  
bbrashear@nflalaw.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: MCPLOW, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>2005 N.W. 43RD ST</u> <u>Gainesville, FL 32605</u>	Mailing address, if different is: _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to operate a holding company and for all other legal purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 common shares , Par value \$ .01

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>THOMAS MCKNEW, P S, T, D</u>	Name and Title: _____
Address <u>409 ANDREAS STREET</u>	Address: _____
<u>ST. AUGUSTINE, FL 32080</u>	_____

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____

2020 JAN 22 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

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: Bruce Brashear  
Address: 925 NW 56th Ter, Suite C  
Gainesville Florida 32605

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Bruce Brashear  
Address: 925 NW 56th Ter, Suite C  
Gainesville Florida 32605

**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

1-21-2020  
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

1-21-2020  
Date