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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'

ORDER DATE : January 21, 2020

ORDER TIME : 9:12 AM

ORDER NO. : 147811-005

CUSTOMER NO: 170159A

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

MCLOW, 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 ☐ \$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: _____
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 street address

2005 N.W. 43RD ST

Gainesville, FL 32605

Mailing address, if different is:

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: THOMAS MCKNEW, P S, T, D

Address 409 ANDREAS STREET

ST. AUGUSTINE, FL 32080

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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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: 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