ARG

P20000026768

Florida Department of State
Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000094267 3)))

H20000094267 3ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (718)889-7420

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CMAC ACCOUTING SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

2020 MAR 27 AM 10:52

Electronic Filing Menu Corporate Filing Menu Help

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: CMAC ACCOUNTING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

9572 TREVI COURT #5013

NAPLES, FL 34113

Mailing address, if different is:

9572 TREVI COURT #5013

NAPLES, FL 34113

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CAROLYN MCDONALD/PRESIDENT

Address: 9572 TREVI COURT #5013

NAPLES, FL 34113

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: CAROLYN MCDONALD

Address: 9572 TREVI COURT #5013

NAPLES, FL 34113

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CAROLYN MCDONALD

Address: 9572 TREVI COURT #5013

NAPLES, FL 34113

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 business days prior or 90 business 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

_____ 3-27-20

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.

_____ 3-27-20

Required Signature/Incorporator Date

2020 MAR 27 AM 10:21

TALLAHASSEE, FLORIDA