

P21 0000009869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

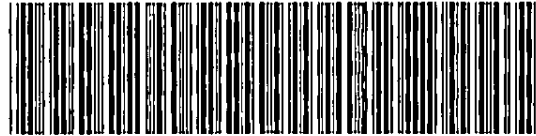
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/14/21--01014--014 **70.00

2021 JAN 14 PM 7:08

WZ

COVER LETTER

ORIGINAL

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

SUBJECT: MCAP Holdings, 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: Douglas S. McReynolds
Name (Printed or typed)
311 E. Morse Blvd, Unit 6-17
Address
Winter Park, FL 32789
City, State & Zip
(407) 592-4552
Daytime Telephone number
dmcreyn567@aol.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: MCAP Holdings, Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
311 E. Morse Blvd. Unit 6-17
Winter Park, Fl. 32789

Mailing address, if different is:

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DOUGLAS, MCREYNOLDS, President Name and Title: _____

Address 311 E, Morse Blvd. Unit 6-17 Address: _____
Winter Park, Fl. 32789

Name and Title: Anne McReynolds, Director Name and Title: _____

Address 311 E, Morse Blvd. Unit 6-17 Address: _____
Winter Park, Fl. 32789

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: DOUGLAS S. McREYNOLDS

Address: 311 E. Morse Blvd. Unit 6-17

Winter Park, FL 32789

ARTICLE VII INCORPORATOR

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

Name: DOUGLAS S. McREYNOLDS

Address: 311 E. Morse Blvd. Unit 6-17

Winter Park, FL 32789

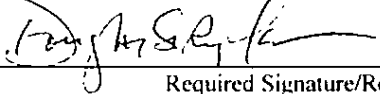
ARTICLE VIII EFFECTIVE DATE:

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.

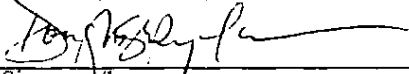
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

1/11/2021
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

1/11/2021
Date

2021 JAN 14 PM 7:03