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Florida Department of State
Division of Corporations
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To:

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

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Handwritten signature and date: 5/11/22

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

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FLORIDA PROFIT/NON PROFIT CORPORATION

Mccormack Distribution Corp

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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REGISTRARS
COMMERCIAL
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: McCormack Distribution Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address
9484 Orange Blossom Trail
Orlando, FL 32837Mailing address, if different is:
9484 Orange Blossom Trail
Orlando, FL 32837**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: To transact any and all lawful activity for which a corporation may be formed.**ARTICLE IV SHARES**The number of shares of stock is: 1**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Reynolds McCormack - Director

Name and Title: _____

Address 9484 Orange Blossom Trail
Orlando, FL 32837

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Laban James McCormack

Address: 9484 Orange Blossom Trail

Orlando, FL 32837

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Reynolds McCormack

Address: 9484 Orange Blossom Trail

Orlando, FL 32837

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*Laban James McCormack

Required Signature/Registered Agent

05/11/2022

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.*Reynolds McCormack

Required Signature/Incorporator

05/11/2022

Date

2022-05-16 AM 10:22