

8/10/22, 2:52 PM

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**FLORIDA PROFIT/NON PROFIT CORPORATION
MCLARI INC**

Certificate of Status	0
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2022 AUG 10 PM 3:26

2022 AUG 10 PM 3:26

2022 AUG 10 AM 1:19

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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: MCLARI INC**ARTICLE II PRINCIPAL OFFICE**Principal street address105 JEFFREY DR.
BRANDON, FL 33511

Mailing address, if different is:

105 JEFFREY DR.
BRANDON, FL 33511**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MITTCHELL MCLARI - P

Name and Title: _____

Address 105 JEFFREY DR.
BRANDON, FL 33511

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2022 AUG 10 AM 1:19


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: MITTCHELL MCLARIAddress: 105 JEFFREY DR.BRANDON, FL 33511**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: MITTCHELL MCLARIAddress: 105 JEFFREY DR.BRANDON, FL 33511**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*

MITTCHELL MCLARI (Aug 10, 2022 13:48 EDT)

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.817.153, F.S.*

MITTCHELL MCLARI (Aug 10, 2022 13:48 EDT)

Required Signature/Incorporator

Date

2022 AUG 10 AM 19