

P2000086714

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H22000393392 3)))



H220003933923ABC0

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 : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

****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 MCGRANE ENGINEERING CONSULTANTS, P.A.

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

2022-11-17 PM 4:48

28

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: MCGRANE ENGINEERING CONSULTANTS, P.A.ARTICLE II PRINCIPAL OFFICEPrincipal street address371 SW 8TH STREETSUITE 2CBOCA RATON, FL 33432

Mailing address, if different is:

371 SW 8TH STREETSUITE 2CBOCA RATON, FL 33432ARTICLE III PURPOSEThe purpose for which the corporation is organized is: THE PRACTICE OF ENGINEERINGARTICLE IV SHARESThe number of shares of stock is: 200ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: COLIN MCGRANE, P

Name and Title: _____

Address 371 SW 8TH STREET

Address: _____

SUITE 2CBOCA RATON, FL 33432

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: COLIN MCGRANEAddress: 371 SW 8TH STREET, SUITE 2C
BOCA RATON, FL 33432**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: LAWRENCE A. KIRSCHAddress: 41 STATE STREET, SUITE 700
ALBANY, NEW YORK 12207**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*/s/Colin McGrane
Required Signature/Registered Agent11/17/2022
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.*Lawrence A. Kirsch
Required Signature/Incorporator11/17/2022
Date

(432000393392 3)