

P24 WUV 7493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

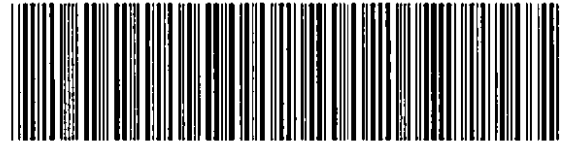
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12/28/23--01028--011 **70.00

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STATE
CLERK

COVER LETTER

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

SUBJECT: McNamara TE 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: Elizabeth McNamara

Name (Printed or typed)

1112 Pawnee Place

Address

Saint Johns, FL 32259

City, State & Zip

904 234-7591

Daytime Telephone number

JaxMcNamara@comcast.net

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: McNamara TE Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1112 Pawnee Place

Saint Johns, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Real Estate / Golf Cart Services

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elizabeth McNamara

Name and Title: Tim McNamara

Address 1112 Pawnee Place

Address: 1112 Pawnee Place

Saint Johns, FL 32259

Saint Johns, FL 32259

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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FL

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: Elizabeth McNamara
Address: 1112 Pawnee Place
Saint Johns, FL 32259

ARTICLE VII INCORPORATOR

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

Name: Elizabeth McNamara
Address: 1112 Pawnee Place
Saint Johns, FL 32259

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12-26-2023 (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

Elizabeth McNamara
Required Signature/Registered Agent

12-26-2023
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.

Elizabeth McNamara
Required Signature/Incorporator

12-26-2023
Date