

P24000053418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

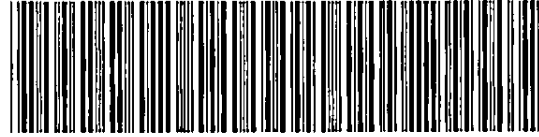
(Document Number)

Certified Copies _____

Certificates of Status _____

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2024 AUG 20 PM 4:00

RECEIVED
2024 AUG 20 PM 4:00
DIRECTOR
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Raleigh Mechanicals & metals 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: TyReke M McCloud
Name (Printed or typed)

7372 Beacon Hill loop, Apt. 1..
Address

Orlando, FL 32818
City, State & Zip

Daytime Telephone number

Raleighm&m@gmail.com
E-mail address (to be used for future annual report notification)

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

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: Raleigh mechanical & metals inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
7372 beacon Hill loop
APT 1
Orlando, FL 32818

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tyreek M McClad ^{"PI"} Name and Title: _____

Address: 7372 Beacon Hill loop Address: _____
APT 1
Orlando FL 32818

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 AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Tyreke m. mccloud

Address: 7372 Beacon Hill loop Apt I
Orlando, FL 32818

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tyreke m mccloud

Address: 7372 Beacon Hill loop Apt I
Orlando FL 32818

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

Tyreke m. mccloud

Required Signature/Registered Agent

8/20/24

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.

Tyreke m. mccloud

Required Signature/Incorporator

8/20/24

Date