

P96000088338

Travis Street
Requestor's Name
P O Box 10551
Address
Billabone K 222-
City/State/Zip 3440 Phone #

900001986389--4
-10/25/96--01085--002
****122.50 ****122.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1 Mackay Kennock, Inc
(Corporation Name) (Document #)
2 _____
(Corporation Name) (Document #)
3 _____
(Corporation Name) (Document #)
4 _____
(Corporation Name) (Document #)

FILED
OCT 25 PM 4:01
TOLSON

☒ Walk in ☒ Pick up time 2 30 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Call when ready



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 25, 1996

FRANCES SWEET
P.O. BOX 10551
TALLAHASSEE, FL

SUBJECT: MACLAY HAMMOCK, INC.
Ref. Number: W96000022797

We have received your document for MACLAY HAMMOCK, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6067.

Neysa Culligan
Document Specialist

Letter Number: 296A00049451

**ARTICLES OF INCORPORATION
OF
MACLAY HAMMOCK, INC.**

* * * *

ARTICLE I. NAME

The name of the corporation is MACLAY HAMMOCK, INC.

ARTICLE II. DURATION

This corporation is to exist perpetually.

ARTICLE III. PURPOSE

This corporation is organized for the purpose of transacting any or all business now or hereafter permitted under the laws of the United States and Florida.

ARTICLE IV. CAPITAL STOCK

This corporation is authorized to issue 100 shares at \$1.00 par value common stock.

**ARTICLE V. INITIAL REGISTERED
OFFICE AND AGENT**

The corporate address of the initial registered office of this corporation shall be 3838 Killearn Center Court, Tallahassee, Florida 32308. The name of the initial registered agent of this corporation is ROBERT R. PARRISH, at the same address.

ARTICLE VI. INITIAL DIRECTORS

There shall be no Directors initially of the corporation and the affairs of the corporation shall be managed by the Shareholders, but Shareholders, at any time, may elect Directors to manage the

FILED
95 OCT 25 PM 4:01
TALLAHASSEE, FLORIDA

affairs of the corporation. In that event the corporation shall have not less than (1) nor more than (5) Directors and the number of Directors may be either increased or decreased from time to time by the Bylaws

ARTICLE VII. INCORPORATORS

The names and addresses of the incorporators signing these Articles are:


ROBERT R. PARRISH

3838 Killearn Center Court
Tallahassee, Florida 32308

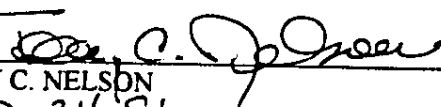
TERRY C. NELSON

Route 1, Box 436
Sopchoppy, Florida 32358

IN WITNESS WHEREOF, these Articles have been executed and subscribed to on the date and by the Incorporators as indicated below:



ROBERT R. PARRISH
Date: 10/24/96



TERRY C. NELSON
Date: 10-24-96

STATE OF Florida
COUNTY OF Leon

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared ROBERT R. PARRISH, to me known to be the person described as Incorporator in and who executed the foregoing Articles of Incorporation. He ☒ is personally known to me or ☐ has produced a driver's license as identification

WITNESS my hand and official seal in the County and State named above this 24th day of October, 1996.

Charles A. Francis
NOTARY PUBLIC

Name: _____

My commission expires: _____



Charles A. Francis
MY COMMISSION # CCS12563 EXPIRES
January 28, 2000
BONDED THRU TROY FAIR INSURANCE, INC.

STATE OF Florida
COUNTY OF Leon

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared TERRY C. NELSON, to me known to be the person described as Incorporator in and who executed the foregoing Articles of Incorporation. He ☒ is personally known to me or ☐ has produced a driver's license as identification.

WITNESS my hand and official seal in the County and State named above this 24th day of October, 1996.

Charles A. Francis
NOTARY PUBLIC

Name: _____

My commission expires: _____



Charles A. Francis
MY COMMISSION # CCS12563 EXPIRES
January 28, 2000
BONDED THRU TROY FAIR INSURANCE, INC.

CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN FLORIDA, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED

In compliance with Section 48 091, Florida Statutes, the following is submitted

FIRST -- That MANTLEY HAMMOCK, INC desiring to organize and qualify under the laws of the State of Florida, with its principal place of business in Tallahassee, Leon County, Florida, has named ROBERT R. PARRISH, located at 3838 Killbuck Center Court, Tallahassee, Florida 32308, as its agent to accept service of process within Florida.

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Signature: _____

ROBERT R. PARRISH

Date: _____

10/24/96

FILED
96 OCT 25 PM 4:01
TALLAHASSEE, FLORIDA