

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

SUBJECT:

500002664185--7 -10/15/98--01014--013 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

ed is an original a	nd one(1) copy of the artic	eles of incorporation and-a-	check-lop.
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy  ADDITIONAL CO	
FROM:	Charles P. Mo Name (Prin	ed or typed)	8:37 FLORIDA
<del></del>	208 Turnberry <b>Ad</b> d	Ct. Sc.	
	Atlantis, 3 City, Sta	F1 33452 <b>5</b> f ite & Zip	<u>0:00</u> 02664185- -11/02/98010840 ******50.00 50
	<b>City, St</b> 2 551 - 432-	tte & Zip	

McLarnon Enterprises, Inc.
(Proposed corporate name - must include suffix)

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



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 15, 1998

CHARLES P. MCLARNON 208 TURNBERRY CT. SO. ATLANTIS, FL 33462

SUBJECT: MCLARNON ENTERPRISES, INC.

Ref. Number: W98000023443

We have received your document for MCLARNON ENTERPRISES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

The above named entity is listed as an active entity with our office; therefore, the document(s) submitted is/are not required.

Please return the original and one copy of 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 (850) 487-6930.

Letter Number: 998A00051099

Carolyn Batten Document Specialist

## Florida Department of State, Sandra B. Mortham, Secretary of State

# CERTIFICATE OF DOMESTICATION

The	e undersigned, <u>Charles f. Wolarwow</u> <u>Pres</u> (Name) (Title	idea 9
•	(Name) (Title	)
	McLarnoù En Perprises Inc. a forei	
	accordance with Florida Statutes, section 607.1801 does hereby certify:	
1.	The date on which corporation was first formed was	, 19 <u></u>
2.	The jurisdiction where the above named corporations was first formed, incorporations came into being was	
3.	The name of the corporation immediately prior to the filing of this Certificate of was	Domestication .
4.	The name of the corporation, as set forth in its articles of incorporation, to be file ss. 607.0202 and 607.0401 with this certificate is Molarows 5099	d pursuant to ONSES IN
	The jurisdiction that constituted the seat, siege, social principal place of business administration of the corporation, or any other equivalent thereto under applicable immediately prior to the filing of the Certificate of Domestication was  208 Turberry CT. So. ATLANTIS FL.	e law
I an	108 Turnberry CT. So. ATLANTIS FL.	Ipc.
and	am authorized to gion this contificate of Domestication on belong 64	
	am authorized to sign this certificate of Domestication on behalf of the corporation	on and have done
so t	his the 30 day of Colorfee 1	9 29 85
		So E manual
	$\mathcal{O}(\mathcal{O}(1))$	တြော ယ 🎏
	Maile & Alstarno	
	(Authorized Signature)	S co
	lacksquare	DR A SP A SP A SP A SP A SP A SP A SP A S
	Filing Fee:	DA: 7
	Certificate of Domestication \$50.00	-
	Articles of Incorporation and Certified Copy \$78.75	
	Total to domesticate and file \$128.75	
	Part V revenely 78.75	•
INHS	S53 (6/96) Prevaily 78.75	

# ARTICLES OF INCORPORATION

A Business The undersigned incorporator(s), for the purpose of forming a corporation under the Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### **NAME** ARTICLE I

The name of the corporation shall be:

McLarnon Enterprises, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

208 Turnberry Ct. So. Atlantis, Fl. 33462

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

3,000

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV The name and address of the initial registered agent is:

> Charles P. McLarnon 208 Turnberry Ct. So. Atlantis, Fl. 33462

## ARTICLE V INCORPORATOR(S)

### See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Charles P. McLarnon, Predident 208 Turn berry Ct. So. ATLantis, Fl. 33462

The undersigned incorporator(s) has(have) executed these Afficies of Incorporation this
13 th day of October, 19 98.
(An additional article must be added if an effective date is requested.)
Marla & Mefarm
Signature
Signature

# Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is McLarnon	Enterprises, Inc.					
	-						
2.	The name and address of the registered agent and off	fice is:					
	Charles P. licLar						
	(NAME)	)					
	208 Turnberry Ct	t. So.					
	(P. O. Box or Mail Drop Box	NOT ACCEPTABLE)					
	ATLANTIS, F1.	33462					
	(CITY/STATE/ZIP)						

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Elace Garan 10/13/98 (DATE)