

P/2000031174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

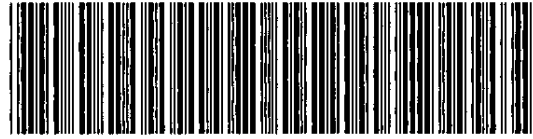
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 30 PM 1:28

PS 4/2/12

COVER LETTER

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

SUBJECT: MainStreetChamber Marion Benefits and Insurance 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: Donna Miller
Name (Printed or typed)

6935 NW 70th Ave.
Address

Ocala, Florida 34482
City, State & Zip

352-620-0032
Daytime Telephone number

membership@mainstreetchambermarion.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLE I NAME

The name of the corporation shall be: MainStreetChamber Marion Benefits and Insurance Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6935 NW 70th Ave.
Ocala, Florida 34482

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To offer the members of the MainStreetChamber in Marion County and other surrounding counties benefits that are available to them through the MainStreetChamber.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donna Miller - Director Name and Title: _____
Address: 6935 NW 70th Ave. Address: _____
Ocala, Florida 34482 _____

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:

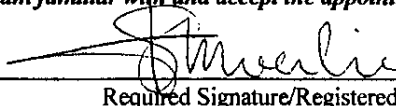
Name: Sakoentela Jane Moerlie
Address: 7820 SW 10th St
Ocala, Florida 34474

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Donna Miller
Address: 6935 NW 70th Ave.
Ocala, Florida 34482

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



Required Signature/Registered Agent

3/23/2012

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.



Required Signature/Incorporator

3/23/2012

Date