## P13000036467

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  CORPECTED CORP NAME
CONFECTED CORP. NAME PER TELEPHONE CONVENSATIO
(REMOVED "LLC" + GODED
(REMOVED "LLC" + BODED  "PPRMBERCH") TOFF3/13
Office Use Only

W13-20735



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04/08/13--01025--015 \*\*78.75



× 04/23/13



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 9, 2013

ILENE ADAMS 172 HAMPTON CIRCLE JUPITER, FL 33458

SUBJECT: THE MARKETING WORKS, INC.

Ref. Number: W13000020735

We have received your document for THE MARKETING WORKS, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P11000082299 (MARKETING WORKS INC.).

Please return the corrected 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) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 613A00008363

## **COVER LETTER**

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

SUBJECT: THE	Marketing Work	ks, Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	OPY REQUIRED
FROM:	ene Adams Nam	e (Printed or typed)	
17	<sup>7</sup> 2 Hampton Circ	le	
		Address	
Ju	ipiter, FL 33458	0	
56	61-346-0172	State & Zip	
		Telephone number	
ile	neadams@gmail.co	om ed 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)

The name of the corporat	THE MARKETING W	ORKS OF PALM BEAC	H, INC.		
ARTICLE II PRINCIPAL OFFICE Principal street address 172 Hampton Circle		Mailing ac	Mailing address, if different is:		
Jupiter, FL 33	458.				
ARTICLE III PURI The purpose for which the	POSE the corporation is organized is:	eting and Graphic	Design Services		
			<b>301</b>		
ARTICLE IV SHA The number of shares of ARTICLE V INIT	RES stock is: 100	<u> </u>	F3 APR 22 A		
Name and Title	llene Adams	Name and Title:			
Address	172 Hampton Circle	Address:	21		
	Jupiter, FL 33458				
Name and Title:		Name and Title:			
Address		Address:			
Name and Title:		Name and Title:			
Address					

Name a	nd Title:	Name and Title:
Addres		Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o Ilene Adams	of the registered agent is:
Name: Address:	172 Hampton Circle	
Audiess.	Jupiter, FL 33458	
ARTICLE VII	INCORPORATOR	E AM
The name and a	address of the Incorporator is:	The state of the s
Name:	llene Adams	
Address:	172 Hampton Circle	_
	Jupiter, FL 33458	_
Having been no this certificate,	med as registered agent to accept service of process an familiar with and accept the appointment as reg	
	Call X/Month	4/1/2013
7	Required Signature/Registered Agent	Date
I submit this do document to the	coment and affirm that the facts stated herein are Department of State constitutes a third degree felon	r true. I am aware that the false information submitted ny as provided for in s.817.155, F.S.
	eul X Maner	4/1/2013
	Required Signature/Incorporator	Date