

A14 000056015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

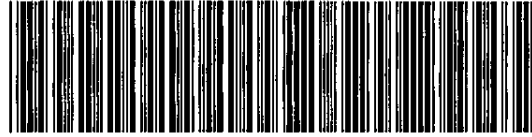
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

JUN 30 2014  
A. DUNLAP

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14 JUN 27 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** merchant commerce resources,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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** desiree trobman  
Name (Printed or typed)

1361 s. ocean blvd.  
Address

pompano beach, fl 33062  
City, State & Zip

954-934-4745  
Daytime Telephone number

funnyeyesforyou@aol.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: merchant commerce resources,inc

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 1361 s. ocean blvd.  
pompano beach, fl 33062  
Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: provide merchant services  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 1150  
The number of shares of stock is: \_\_\_\_\_

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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>desiree trobman,pres.</u> Address: <u>1361 s. ocean blvd.</u> <u>pompano beach,fl 33062</u>	Name and Title: _____ Address: _____ _____
Name and Title: <u>james m. mangano, vp</u> Address: <u>1361 s. ocean blvd.</u> <u>pompano beach,fl 33062</u>	Name and Title: _____ Address: _____ _____
Name and Title: _____ Address: _____ _____	Name and Title: _____ Address: _____ _____

(conti.)

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: desiree trobman  
Address: 1361 s. ocean blvd  
pompano beach, fl 33062

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: desiree trobman  
Address: 1361 s. ocean blvd.  
pompano beach,fl 33062

*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*

Desiree Trobman  
Required Signature/Registered Agent

06/25/2014  
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.*

Desiree Trobman  
Required Signature/Incorporator

06/25/2014  
Date