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(Requestor's Name) (Address) (Address)	300282219653		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	02/16/1601034002 **70.00		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			

Special Instructions to Filing Officer:

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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Johnene	Marcum CPA PC			
30b0EC1.	Name o	of corporation	- must include suffix	,
Dear Sir or Madam:				
	ce," or "Certificate	of Good Stan	ding" and check are sul	act Business in Florida," omitted to register the
Please return all corres Johnene Marcum	spondence concerni	ng this matter	to the following:	
		Name of I	Person	·
Johnene Marcum CPA F	PC			
	· <u></u>	Firm/Com	pany	
1036 LaPaloma Ter				
		Addre	SS	
Panama City FL 32401				
		City/State ar	nd Zip code	
johnene@johnenemarcu	_			
	E-mail address	(to be used f	or future annual report	notification)
For further information	n concerning this m	atter, please c	ali:	
Johnene Marcum		850	785-3254	
Name of Person		at (Area Code	e Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for	r the following amo	u n t:		
■ \$70.00 Filing Fee	□ \$78.75 Filing Certificate o		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florexas [State or country under the law of which it is incorporated] [Op/11/13] [Opate of incorporation] [Opate of incorporation] [Opate of incorporation] [Opate first transacted business in Florida, if prior to registration] [Opate SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability] [Opate of incorporation] [Opate first transacted business in Florida, if prior to registration] [Opate of duration, if other than perpetual] [Opate of duration, if other than perpetual]
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1036 LaPaloma Ter, Panama City FL 32401 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Johnene Marcum
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1036 LaPaloma Ter, Panama City FL 32401 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name:
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(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Johnene Marcum Name:
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Johnene Marcum Name:
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Johnene Marcum Name:
Name: Johnene Marcum
Johnene Marcum Name:
1036 LaPaloma Ter
ffice Address:
Panama City 32401
(City), Florida (Zip code)
Registered agent's acceptance:

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:
11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Johnene Marcum
Chairman: Johnene Marcum
Address: 1036 LaPaloma Ter, Panama City FL 32401
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
Johnene Marcum President:
1036 LaPaloma Ter, Panama City FL 32401 Address:
Richard Marcum Vice President:
Address: 1036 LaPaloma Ter, Panama City FL 32401
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Thulerand bler
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.
Johnene Marcum, President 13.

(Typed or printed name and capacity of person signing application)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Johnene Marcum CPA PC (file number 801850224), a Domestic Professional Corporation, was filed in this office on September 11, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 08, 2016.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Carlos H. Cascos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 654708050004