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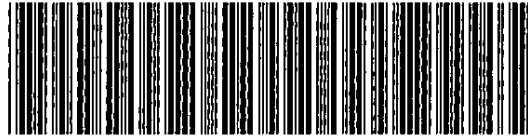
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15 MAY 15 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MARCAS Personal Development Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Marlen Fernandez
Name (Printed or typed)

3216 Owassa Court
Address

Kissimmee, FL 34746
City, State & Zip

407 494-4439
Daytime Telephone number

Marcas.Mail box@ G-mail . 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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: MARCAS Personal Development,
Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

3216 Owassa Ct.
Kissimmee, FL 34746

P.O. Box 275
Gary, TX 75643

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Personal Growth : Support Groups;
Family-oriented programs for
learning, development & education;
12 step groups, recovery groups;
workshops

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

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15 MAR 2011
AM 9:52
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marlen Fernandez

Address:

President
3216 Owassa Ct.
Kissimmee, FL 34746

Name and Title: Gabriel Rodriguez

Address:

Vice-President
103 UxmaL Way
Kissimmee, FL 34743

Name and Title: Lenny Pena

Address:

3216 Threuser
3216 Owassa Ct.
Kissimmee, FL 34746

Name and Title: Maria Arguello

Address:

Secretary
5340 Harmony Pl.
Kissimmee, FL 34758

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: Marlen Fernandez
Address: 3216 Owassa Ct.
Kissimmee, FL 34746

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marlen Fernandez
Address: 3216 Owassa Ct.
Kissimmee, FL 34746

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

Marlen Fernandez
Required Signature of Registered Agent

3-3-2015
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Marlen Fernandez
Required Signature of Incorporator

3-3-2015
Date