

PD4000038422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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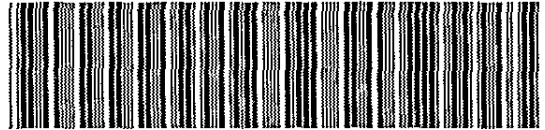
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Marble Plus Floorcare 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Michael G. Davis

Name (Printed or typed)

6537 Marissa Circle

Address

Lake Worth fl 33467

City, State & Zip

561-434-1187

Daytime Telephone number

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:

Marble Plus Floorcare Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6537 Marissa Circle Lake Worth, Fl 3467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Protection

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Michael G. Davis 6537 Marissa Circle Lake Worth, Fl 33467 President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

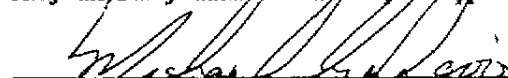
Michael G. Davis 6537 Marissa Circle Lake Worth, Fl 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael G. Davis 6537 Marissa Circle Lake Worth, Fl 33467

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



Signature/Registered Agent

2-19-04

Date



Signature/Incorporator

2-19-04

Date

FILED

04 FEB 23 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA