# P07000013394

(Requestor's Name)	<del></del>
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# **COVER LETTER**

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

SUBJECT:	MARITON MA	NAGEMEN	IT CORP.	
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	I a check for:	
☐ \$70.00	**************************************	\$78.75	□ \$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
		w ceramou copy	& Certificate of	
		. ~~~~	Status	
	İ	ADDITIONAL CO	DPY REQUIRED	
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	,	_		
FROM:	LARRY G. MAR	SIGN JR.		, , · · <del>=</del> , .
	Name (	(Printed or typed)		
	7.0, Box 1419	900		
	100 2 100 X 1 11 1	Address		٠.
	GATNESVILLE, F	L 32614-	1982	4 <del></del>
	City,	State & Zip		
	1-800-540	-6258		
	/-800 - 540 Daytime To	elephone number	·	· · · · · · · · · · · · · · · · · · ·

NOTE: Please provide the original and one copy of the articles.



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2007

LARRY G. MARION, JR. P.O. BOX 141982 GAINESVILLE, FL 32614-1982

SUBJECT: MARION MANAGEMENT CORP.

Ref. Number: W07000003618

We have received your document for MARION MANAGEMENT CORP... However, the document has not been filed and is being returned for the following:

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return the 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) 245-6934.

Loria Poole Document Specialist New Filing Section

Letter Number: 707A00005353

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#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

A	R	IJ	CI	E	Ţ		NAME

The name of the corporation shall be:

MARION MANAGEMENT CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

207 N.E. 41 PL FA GAINESVILLE, FL 32609

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT

#### ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LARRY G. MARION JR. / C.E.O

P.O.BOX 141982 GHINKSVILLE, FL 32614-1982

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ISADORA MACEON 2055.W. 75th ST #34 GATNESVILLE, FL 32608

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LARRY G, MARTON JR P.O. BOX 141982 (GAINESVILLE, FL 32614-1982

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

1-27-07 Date Signature/Registered Agent /-27-07 Date