

PD 7000 763 79

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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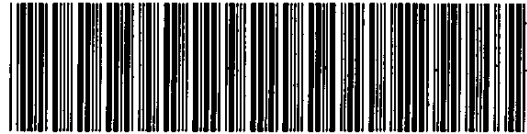
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

7/3

## COVER LETTER

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

SUBJECT: MARCOS PHOTOS 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: JUAN M SERRANO

Name (Printed or typed)

733 SUPERIOR STREET

Address

DELTONA, FL. 32725

City, State & Zip

386-789-0793

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:

MARCOS PHOTOS INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

733 SUPERIOR STREET,DELTONA,FL.32725

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 OF \$1.00 VALUE

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

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

JUAN M SERRANO,733 SUPERIOR STREET,DELTONA,FL.32725 PRESIDENT

BELIZA SERRANO,733 SUPERIOR STREET,DELTONA,FL.32725 V-PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

JUAN M SERRANO,733 SUPERIOR STREET,DELTONA,FL.32725

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JUAN M SERRANO,733 SUPERIOR STREET,DELTONA,FL.32725


\*\*\*\*\*

*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

06/15/07

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

06/15/07

\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA