

PO7000105379

(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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07 SEP 20 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS
9/24/07

COVER LETTER

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

SUBJECT: Marcege Consulting, 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: Fabian Balepogi

Name (Printed or typed)

5940 SW 89 AVE

Address

Miami, FL 33173

City, State & Zip

305-494-2626

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:

Marcege Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5940 SW 89 AVE
Miami, FL 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business Intelligence

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Fabian Balepogi - President
5940 SW 89 AVE
Miami, FL 33173

ARTICLE VI REGISTERED AGENT

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

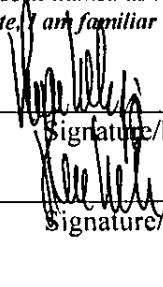
Fabian Balepogi
5940 SW 89 AVE
Miami, FL 33173

ARTICLE VII INCORPORATOR

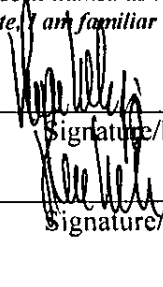
The name and address of the Incorporator is:

Fabian Balepogi
5940 SW 89 AVE
Miami, FL 33173

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



Signature/Incorporator

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07 SEP 20 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/17/07

Date

9/17/07

Date