

P08000074460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500134070315

08/08/08--01015--007 \*\*78.75

08 AUG - 8 PM 12:32  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

*[Handwritten signature]*

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

Marcus, 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: \_\_\_\_\_

Marcus Dublin

Name (Printed or typed)

532 N Madison Ave

Address

Orlando FL 32805

City, State & Zip

407 276 3358

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:

Marcus INC

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

532 N Madison Ave  
Orlando FL 32805

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Hair and Makeup

## 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):

Marcus Dublin  
532 N Madison Ave  
Orlando FL 32805

## ARTICLE VI REGISTERED AGENT

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

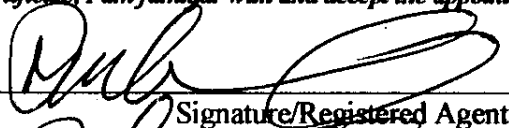
Marcus Dublin  
532 N Madison Ave  
Orlando FL 32805

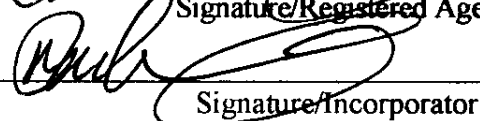
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marcus INC  
532 N Madison Ave  
Orlando FL 32805

\*\*\*\*\*  
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

7/3/08  
\_\_\_\_\_  
Date

7/3/08  
\_\_\_\_\_  
Date

FILED  
08 AUG -8 PM 12:32  
CLERK OF STATE  
TALLAHASSEE, FLORIDA