

P09000001696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

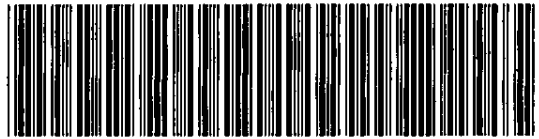
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 JAN - 7 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 8 2009

COVER LETTER

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

SUBJECT: MAGNOLIA MEDIATION CENTER INCORPORATED
(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: MELANIE L. BROWNE MARSH
Name (Printed or typed)

PO BOX 130291
Address

TAMPA FLORIDA 33681
City, State & Zip

813-484-5747
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:

MAGNOLIA MEDIATION CENTER INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

202-2 SOUTH AUDUBON AVE, TAMPA FLORIDA 33609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALTERNATE DISPUTE RESOLUTION/MEDIATION

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):

MELANIE L. BROWNE MARSH	JONATHAN MARSH
PRESIDENT	VICE PRESIDENT
PO BOX 130291	PO BOX 130291
TAMPA, FLORIDA 33681	TAMPA FLORIDA 33681

ARTICLE VI REGISTERED AGENT

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

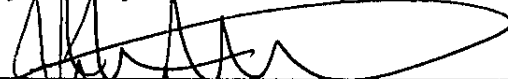
JONATHAN MARSH
202-2 SOUTH AUDUBON AVE
TAMPA, FLORIDA 33609

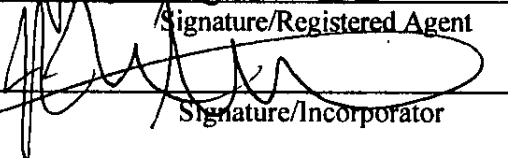
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JONATHAN MARSH
PO BOX 130291
TAMPA, FLORIDA 33681

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

1-2-09

Date
1-2-09

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN - 7 PM 4: 20

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