

P110000000526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Marisa Scott **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT *add Article VIII*
DATE *1/5/11*
DOC. EXAM *MRD*

Office Use Only



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01/03/11--01031--019 **122.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN -3 AM 8:48

FILED

EFFECTIVE DATE *12/31/10*

MRD 1/5/11

COVER LETTER

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

SUBJECT: MARISSA ACUNA SCOTT, P.A.

(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: MARISSA ACUNA SCOTT

Name (Printed or typed)

11644 ABIGAIL DRIVE

Address

JACKSONVILLE, FL 32258

City, State & Zip

(904) 537-0405

Daytime Telephone number

msmarissascott@gmail.com

E-mail address: (to be used for future annual report notification)

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

MARISSA ACUNA SCOTT, P.A.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

11644 ABIGAIL DRIVE
JACKSONVILLE, FL 32258

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESIDENTIAL REAL ESTATE SALES

ARTICLE IV SHARES

The number of shares of stock is: 100

EFFECTIVE DATE 12/31/10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marissa Acuna Scott, P. D. S. T
Address: 11644 Abigail Drive
Jacksonville, FL 32258

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: MARISSA ACUNA SCOTT
Address: 11644 ABIGAIL DRIVE
JACKSONVILLE, FL 32258

ARTICLE VII INCORPORATOR

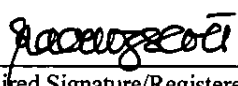
The name and address of the Incorporator is:

Name: MARISSA ACUNA SCOTT
Address: 11644 ABIGAIL DRIVE
JACKSONVILLE, FL 32258

ARTICLE VIII-EFFECTIVE DATE

December 31, 2010.

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


Required Signature/Registered Agent

12/31/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

12/31/2010

Date