P1000008007

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Dusiness Littly (Valle) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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HILL D SECRETARY OF STATE OF STATE

P3/25/11

COVER LETTER

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

| SUBJECT: MArcel-Cox Enterprise | es, Inc. | |
|--|-------------------------------------|--|
| (PROPOSED CORPORA | ATE NAME – MUST INC | LUDE SUFFIX) |
| Enclosed are an original and one (1) copy of the art | ticles of incorporation an | nd a check for: |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| | ADDITIONAL C | OPY REQUIRED |
| FROM: <u>Yvon Brunache</u> | ne (Printed or typed) | |
| 2239 Palm Vista Drive | Address | |
| | Address | |
| Apopka, FL 32712 City | , State & Zip | |
| 407-448-8204 Daytime | Telephone number | |
| yvon@cfl.rr.com E-mail address: (to be use | ed for future annual repor | t 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)

| | WAME Marcel-Cox Enterprises, In | c. FILED |
|------------------------|--|--|
| The name of the corp | | 11 JAN 21 PM 2: 52 |
| ARTICLE II 1 | PRINCIPAL OFFICE | 111 2. 32 |
| . 54 | Principal street address | Mailing address; if different is 510 Marvin C Zanders Ave Sandard Apopka, FL 32703 |
| | 0 Marvin C Zanders Ave | 510 Marvin C Zangers Ave |
| Ар | opka, FL 32703 | Apopka, FL 32703 CONTRACTOR STATE OF THE A |
| <u></u> | | |
| ARTICLE III P | | |
| | ich the corporation is organized is: | |
| For Profit | | |
| | | |
| | | |
| | | |
| | | |
| | SHARES | |
| The number of share | s of stock is:100 | |
| ADTICLE II | INITIAL OFFICERS AND/OR DIRECTORS | |
| | | ame and Title: |
| Address: | 11732 Cresent Blvd. | ddress: |
| i todioss. | Clermont, FL 34711 | |
| | | |
| | | |
| | e: <u>Yvon Brunache</u> | ame and Title: |
| Address: | 2239 Palm Vista Drive | |
| | Apopka, FL 32712 | |
| | | |
| Name and Titl | e: N | ame and Title: |
| Address: | | ddress: |
| | | |
| | | |
| ARTICLE VI | REGISTERED AGENT | |
| | ida street address (P.O. Box NOT acceptable) of the | registered agent is: |
| Name: | Yvon Brunache | TOBIOGOTO ABOTA ISA |
| Address: | 2239 Palm Vista Drive | |
| | Apopka, Fl. 32712 | |
| | | |
| | INCORPORATOR | |
| Name: | ress of the Incorporator is: | |
| Address: | | ₹. |
| reduction. | APOPKA FL 32712 | |
| | | |
| | | r the above stated corporation at the place designated in |
| this certificate, I am | familiar with and accept the appointment as registe | rea agent ana agree to act in this capacity |
| N Ø - | / > | 4/0/2044 |
| - Tron | 1 June Le | 1/6/2011 |
| | Required Signature/Registered Agent | Date |
| I submit this docum | nent and affirm that the facts stated herein are tri | e. I am aware that the false information submitted in a |
| | partment of State constitutes a third degree felony as | |
| ^ | \mathcal{C} | · |
| 4>- | Srungelie | 1-6-2011 |
| - W 37 | Required Signature/Incorporator | Date |