## P11000022701

(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Document Number)			
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Certified Copies Certificates of Status			
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DIVISION OF CURPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

11 MAR -9 AM 9: 47
SECRETARY OF STATE

cr 3/9/11

## **COVER LETTER**

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

SUBJECT: DE MARQUE INC.			
(PROPOSED CORPOR	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)	
Enclosed are an original and one (1) copy of the ar	ticles of incorporation an	d a check for:	
	,		7
<b>\$70.00 \$78.75</b>	\$78.75	\$87.50	
Filing Fee Filing Fee	Filing Fee	Filing Fee,	
& Certificate of Status	& Certified Copy	Certified Copy	
		& Certificate of	
	ADDITIONAL CO	Status	
	ADDITIONAL CO	OF I REQUIRED	
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TO ALL DECAME OF COLLEC	STION		
FROM: DESAUSSURE COLLECTION Name	ne (Printed or typed)		
	ie (i filited of typed)		
492 BROOKE HAMPTO	NI DR		
402 BROOKE HAWII TO	Address		
		Z S	
TALLAHASSEE,FL. 32	2311	<u></u>	<b> →</b>
City	, State & Zip	<b>五</b> 章	RR TI
		1.S.C.	P Materia
<u>8507271000</u>	<del></del>	<u>(1)</u> −5	별
Daytime	Telephone number	T1 77	₹ III
DESAUSSUDEALIVE	COM		ž Q
DESAUSSURE@LIVE.I E-mail address: (to be us	ed for future annual report	notification)	<b>E</b>

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:	EMARQUE INC.		FILED
	<del></del>		11 MAR -9 AM 9: 47 Mailing address, if different is:  SECRETARY OF STATE TAULAHASSEE, FLORIDA
ARTICLE III PURPOSE The purpose for which the corporation FOR RETAIL.	n is organized is:		
ARTICLE IV SHARES The number of shares of stock is: 2 ARTICLE V INITIAL OFFICE	ERS AND/OR DIRECTO	RS	
Name and Title: MARQUES I Address: 492 BROOKE		R Name and Ti R Address:	tle:
Address:			tle:
Name and Title:Address:		Name and Ti Address:	tle:
ARTICLE VI REGISTERED A The name and Florida street address Name: 198 Brid Tol 10h	(P.O. Box NOT acceptable) o >SSURE HO!O! NS DOME HOMPHON D	<u>a</u> Y)	gent is:
ARTICLE VII INCORPORATO	, 		
The name and address of the Incorpor	<del></del>		•
Address: 492 BROO	URE ROBINSON KE HAMPTON DR SSEE FL 32311	 	
this certificate, I am familiar with and		gistered agent an	stated corporation at the place designated in a dagree to act in this capacity
Required Si  I submit this document and affirm th document to the Department of State c	at the facts stated herein ar	e true. I am awa	re that the false information submitted in a
001-	<b></b>		•
L. MANN	Signature/Incorporator		03/07/2011 Date