

P11000028482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

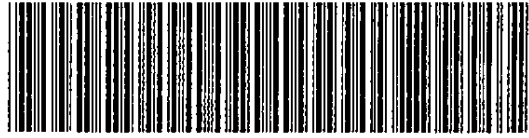
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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03/02/11--01015--007 \*\*78.75

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MAR 21 2011

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APR 14 2011

Handwritten marks and signature at the bottom right.



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2011

MARK CLARKE  
8104 SW 14TH STREET  
NORTH LAUDERDALE, FL 33068

SUBJECT: MARLON & FAMILY MOBILE DETAILING INC  
Ref. Number: W11000012866

We have received your document for MARLON & FAMILY MOBILE DETAILING INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 711A00005515

**COVER LETTER**

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

**SUBJECT: Marlon & Family Mobile Detailing 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: Mark clarke**  
Name (Printed or typed)

**8104 sw 14th street**  
Address

**north lauderdale fl 33068**  
City, State & Zip

**954-638-0393**  
Daytime Telephone number

**clarke887762@bellsouth.net**  
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**

The name of the corporation shall be: **marlon & family mobile detailing inc**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8104sw 14th street  
north lauderdale  
fl 33068

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**carwash & detailing**

**ARTICLE IV SHARES**

The number of shares of stock is: **1**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: mark clarke/ p  
Address: 8104sw 14th street  
north lauderdale  
fl 33068

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: maria clarke/vp  
Address: 8104sw 14th street  
north lauderdale  
fl 33068

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: mark clarke  
Address: 8104sw 14th street  
north lauderdale fl 33068

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: mark clarke  
Address: 8104sw 14th street  
north lauderdale fl 33068

*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

03/01/2011

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

03/01/2011

Date

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