

P11000032312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

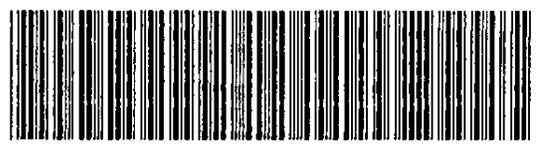
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~W11-16-334~~
PS 4166



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 MAR 30 AM 11:51
DIVISION OF CORPORATIONS

March 22, 2011

MARY E MAURAIIS
6001 WAXMYRTLE WAY
NAPLES, FL 34109

SUBJECT: MARY MAURAIIS, INC.
Ref. Number: W11000016334

We have received your document for MARY MAURAIIS, INC. and your check(s) totaling \$70.00. 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.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 811A00006991

COVER LETTER

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

SUBJECT: MARY MAURAS, 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
ADDITIONAL COPY REQUIRED	

FROM: MARY E. MAURAS
Name (Printed or typed)

6001 WAXMYRTLE WAY
Address

NAPLES, FL 34109
City, State & Zip

239-919-4627
Daytime Telephone number

MARY MAURAS @ COMCAST, 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: MARY MAURAS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6001 WAXMYRTLE WAY
NAPLES, FL 34109

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE SALES

ARTICLE IV SHARES

The number of shares of stock is: 5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARY MAURAS PRESIDENT Name and Title: _____
Address: 6001 WAXMYRTLE WAY Address: _____
NAPLES, FL 34109

Name and Title: TIM MAURAS VP Name and Title: _____
Address: 6001 WAXMYRTLE WAY Address: _____
NAPLES, FL 34109

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: MARY MAURAS
Address: 6001 WAXMYRTLE WAY
NAPLES, FL 34109

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARY MAURAS
Address: 6001 WAXMYRTLE WAY
NAPLES, FL 34109

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

Mary Eise Mauras
Required Signature/Registered Agent

3/12/11
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.

Mary Eise Mauras
Required Signature/Incorporator

3/12/11
Date