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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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26/6

COVER LETTER

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

SUBJECT: Marika's Designs, 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

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Mary Anne Mastorides
Name (Printed or typed)

1570 Elmwood Street
Address

Clearwater, FL 33755
City, State & Zip

727/584-1815
Daytime Telephone number

denafoote@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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CLERK RECEIVED

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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: Marika's Designs, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1570 Elmwood Street
Clearwater, FL 33755

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to sell handmade religious cards

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mary Anne Mastorides
Address: 1570 Elmwood Street
Clearwater, FL 33755

Name and Title: _____
Address: _____

Name and Title: Constantina Foote
Address: 1220 S. Lake Drive
Clearwater, FL 33756

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: Mary Anne Mastorides
Address: 1570 Elmwood
Clearwater, FL 33755

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Constantina Foote
Address: 1220 S. Lake Drive
Clearwater, FL 33756

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 Anne Mastorides

Required Signature/Registered Agent

5/31/11

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.

Constantina Foote

Required Signature/Incorporator

5/31/2011

Date

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TALLAHASSEE, FL 32310
SECRETARY OF STATE