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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

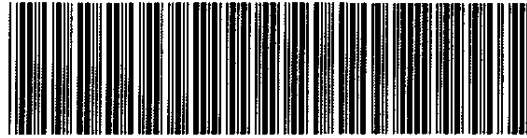
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 AUG 15 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: MARK S. MARCOTTE, P.A.
(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: MARK S. MARCOTTE
Name (Printed or typed)

26109 GERONIMO STREET
Address

BROOKSVILLE, FL 34601
City, State & Zip

352-540-1010
Daytime Telephone number

markmarcot@gmail.com
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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: MARK S. MARCOTTE, P.A.

11 AUG 15 PM 12:38

ARTICLE II PRINCIPAL OFFICE

Principal street address
26109 GERONIMO STREET
BROOKSVILLE, FL 34601

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
REAL ESTATE SALES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARK S. MARCOTTE, PRESIDENT Name and Title: _____
Address: 26109 GERONIMO STREET Address: _____
BROOKSVILLE, FL 34601

Name and Title: MARGARET I. MARCOTTE, SEC Name and Title: _____
Address: 26109 GERONIMO STREET Address: _____
BROOKSVILLE, FL 34601

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

ARTICLE VI REGISTERED AGENT

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

Name: MARK S. MARCOTTE
Address: 26109 GERONIMO STREET
BROOKSVILLE, FL 34601

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARK S. MARCOTTE
Address: 26109 GERONIMO STREET
BROOKSVILLE, FL 34601

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

Mark S Marcotte
Required Signature/Registered Agent

8/11/2011
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.

Mark S Marcotte
Required Signature/Incorporator

8/11/2011
Date