

PR000030447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

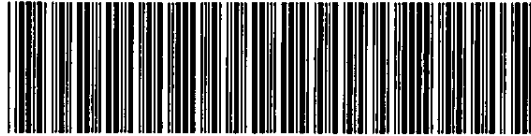
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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DEPARTMENT OF  
REVENUE

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## COVER LETTER

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

SUBJECT: Merlyn International 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: Raymond J Maffucci

Name (Printed or typed)

100 Golden Isles Drive; Apt 1215

Address

Hallandale, Florida 33009

City, State & Zip

305-609-1716

Daytime Telephone number

rjmaffucci@msn.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)

**ARTICLE I NAME**

The name of the corporation shall be: Merlyn International Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
100 Golden Isles Drive  
Suite 1215  
Hallandale, Florida 33009

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Commodities consulting and broker

**ARTICLE IV SHARES**

The number of shares of stock is: ~~2~~ - 1 -

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

|                                               |                       |
|-----------------------------------------------|-----------------------|
| Name and Title: Raymond J Maffucci, President | Name and Title: _____ |
| Address: 100 Golden Isles Drive               | Address: _____        |
| Apt 1215                                      | _____                 |
| Hallandale, Florida 33009                     | _____                 |

|                       |                       |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____        | Address: _____        |
| _____                 | _____                 |
| _____                 | _____                 |

|                       |                       |
|-----------------------|-----------------------|
| 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:

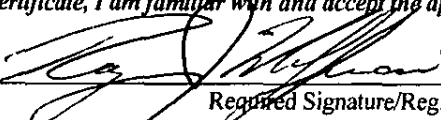
Name: Raymond J Maffucci  
Address: 100 Golden Isles Drive; Apt 1215  
Hallandale, Florida 33009

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

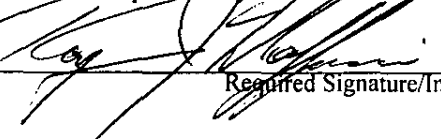
Name: Raymond J Maffucci  
Address: 100 Golden Isles Drive; Apt 1215  
Hallandale, Florida 33009

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

3/20/12  
\_\_\_\_\_  
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

3/20/12  
\_\_\_\_\_  
Date

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DIVISION OF STATE REGISTRATION