

P/2000058940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

CORRECT "PURPOSE" TO  
REFLECT PROFESSION,  
PER TELEPHONE CONVERSATION  
WITH MARION MICK.

κ 07/03/12

Office Use Only



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07/02/12--01032--018 \*\*87.50

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12 JUL -2 PM 2:56  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

κ 07/03/12

**COVER LETTER**

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

**SUBJECT: Marion Mick, 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

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

**FROM: Marion Mick**

Name (Printed or typed)

**221 Rex Court**

Address

**Palm Springs, Florida, 33461**

City, State & Zip

**561-439-0825**

Daytime Telephone number

**mail@goard.com**

E-mail address: (to be used for future annual report notification)

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

**Marion Mick  
221 Rex Court  
Palm Springs, FL 33461**

June 6, 2012

Florida Department of State  
Division of Corporations  
Corporate Filings  
PO Box 6327  
Tallahassee, FL 32314

Dear Friends,

My name is Marion Mick, the name Marion Mick, PA belongs to me. Rather than reinstate the Florida Corporation [Marion Mick, PA] which was administratively dissolved by the State of Florida, I choose to start a new corporation using that same name.

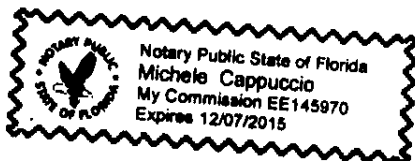
Please See Attached.

Sincerely,

*Marion Mick*

Marion Mick

*Michele Cappuccio*



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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

# 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: Marion Mick, PA

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
221 Rex Court  
Palm Springs, FL 33461

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE AGENT

## ARTICLE IV SHARES

The number of shares of stock is: 1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marion Mick, President  
Address: 221 Rex Court  
Palm Springs, FL 33461

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

Name and Title: Robert Mick, VP, S  
Address: 221 Rex Court  
Palm Springs, FL 33461

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: Robert W. Goard  
Address: 1515 N Federal Hwy #419  
Boca Raton, FL 33432

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert W. Goard  
Address: 1515 N. Federal Hwy. #419  
Boca Raton, FL 33432

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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

R Goard  
Required Signature/Registered Agent

6/27/2012  
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.

R Goard  
Required Signature/Incorporator

6/27/2012  
Date