

P/20007/666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

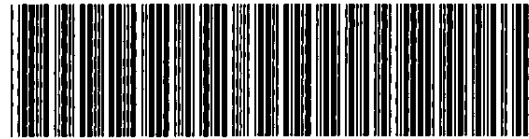
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/20/12--01024--005 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 20 AM 11:37

Ps 8/21/12

COVER LETTER

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

SUBJECT: Marvin Innovations, 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: Norma C Marvin

Name (Printed or typed)

8409 Ivey Wood Ave

Address

Orlando, FL 32810

City, State & Zip

(407) 292-9978

Daytime Telephone number

angelwings0414@att.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: Marvin Innovations, Inc

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address
8409 Ivey Wood Ave
Orlando, FL 32810

12 AUG 20 AM 11:37
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Health care & social assistance

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Norma C Marvin, Director	Name and Title:	
Address:	8409 Ivey Wood Ave	Address:	
	Orlando, FL 32810		

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: Norma C Marvin
Address: 8409 Ivey Wood Ave
Orlando, FL 32810

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Norma C Marvin
Address: 8409 Ivey Wood Ave
Orlando, FL 32810

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

8/8/12
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

8/8/12
Date