

P 2000073049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

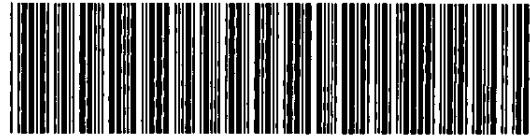
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100238747601

08/24/12--01021--001 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 24 PM 2:16

PS 8/27/12

COVER LETTER

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

SUBJECT: Mark Chaser Private Investigator 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: Mark Chaser Private Investigator INC
Name (Printed or typed)

13 Pinelynn Lane
Address

Palm Coast, Florida 32164
City, State & Zip

386-585-3399
Daytime Telephone number

piinspector@yahoo.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

Mark Chaser Private Investigator Inc.

The name of the corporation shall be:

12 AUG 24 PM 2: 16

ARTICLE II PRINCIPAL OFFICE

Principal street address
13 Pinelynn Lane
Palm Coast, Florida 32164

Mailing address, if different is:
PO Box 351111
Palm Coast, Florida 32135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Locate and investigative services to customers & clients, and Judgement recovery service.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jonafen L. Ward President Name and Title: _____
Address: 13 Pinelynn Lane Address: _____
Palm Coast, Florida 32164 _____

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: Jonafen L. Ward
Address: 13 Pinelynn Lane
Palm Coast, Florida 32164

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jonafen L. Ward
Address: 13 Pinelynn Lane
Palm Coast, Florida 32164

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 8-21-2012
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.



Required Signature/Incorporator 8-21-2012
Date