

P/2000099304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP.

☐

WAIT

☐

MAIL

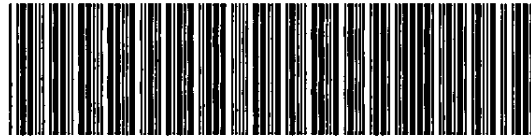
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 12/05/12

## COVER LETTER

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

SUBJECT: **MARIANNA FOGGIN 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: **HERBERT J. BUCK**

Name (Printed or typed)

**5405 JAEGER ROAD**

Address

**NAPLES, FL 34109**

City, State & Zip

**239-514-4244**

Daytime Telephone number

**Marianna@naplesluxurysales.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:

MARIANNA FOGGIN, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

MARIANNA FOGGIN, P.A.

2009 TIMBERLINE DR

NAPLES, FLORIDA 34109

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: REALTOR

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: MARIANNA FOGGIN

Address: 2009 TIMBERLINE DR

NAPLES, FLORIDA 34109

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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: MARIANNA FOGGIN

Address: 2009 TIMBERLINE DR

NAPLES, FLORIDA 34109

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

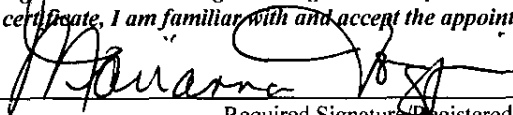
Name: MARIANNA FOGGIN

Address: 2009 TIMBERLINE DR

NAPLES, FLORIDA 34109

FILED  
12 DEC -3 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

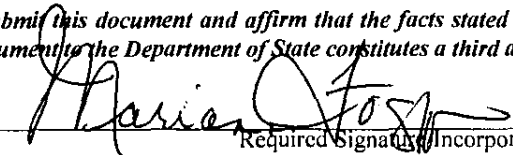
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature Registered Agent

11/28/12  
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

11/28/12  
Date