

713000005809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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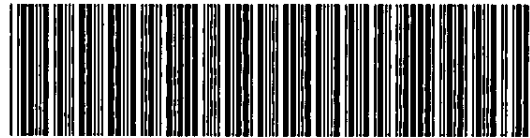
(Business Entity Name)

(Document Number)

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J. Shivers JAN 17 2013

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JAN 16 AM 11:40

FILED

COVER LETTER

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

SUBJECT: **Wermarcus 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: **Renee Marcus**

Name (Printed or typed)

830 Village Lake Dr. S.

Address

DeLand, FL. 32724

City, State & Zip

386-734-7611

Daytime Telephone number

r.marcus@aol.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: **Wemarcus inc**

ARTICLE II PRINCIPAL OFFICE

Principal street address
830 Village Lake Dr S
DeLand, FL. 32724

Mailing address, if different is:

830 Village Lake Dr S
DeLand, FL. 32724

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Customer Service Corporation**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Renee S Marcus Director
Address: 830 Village Lake Dr. S.
DeLand, FL. 32724

Name and Title: Renee S Marcus Secretary/Treasurer
Address: 830 Village Lake Dr. S.
DeLand, FL. 32724

Name and Title: Jerry R Marcus Director
Address: 830 Village Lake Dr. S.
DeLand, FL. 32724

Name and Title: Jerry R Marcus President
Address: 830 Village Lake Dr. S.
DeLand, FL. 32724

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: Renee S Marcus
Address: 830 Village Lake Dr. S.
DeLand, FL. 32724

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Renee S Marcus
Address: 830 Village Lake Dr. S.
DeLand, FL. 32724

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

Renee Marcus
Required Signature/Registered Agent

1/1/13
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.

Renee Marcus
Required Signature/Incorporator

1/1/13
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JAN 16 AM 11:40

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