

(Re	questor's Name)	
(Ad	dress)	
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,	,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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

SUBJECT:	TARSHON IN	C .		
	(PRÓPOSED CORPORA	FE NAME – <u>MUST INCL</u>	UDE 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	Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Shonda Smi	(Printed or typed)		
<i>(</i>	2680 Oil Well	Rd.		
Address				
Naples F1 34120 City, State & Zip				
239 - 455 - 0056 Daytime Telephone number				
marshonflorida @ gmail.com				
	E-mail address: (to be used	l 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)

The name of the corporat	tion shall be:	<u>MARSH</u>	10N	$\perp N$	C		
1.6			t 200		ailing address, if diffe 2680 O'il Naples F	Well	
The purpose for which the quality part		organized is: <u>R</u> f	etail/Inte	met	automobî le	parts	
ARTICLE IV SHA The number of shares of s ARTICLE V INIT Name and Title Address	Marcas 2680 Oi	Ferreiro I Well Ri	ECTORS Presid Name Addre	ext/C and Title:_	EO	13 9EF 12 PH 3:49	
Name and Title:	Naples, Shonda 2680 Naples	Smith Dil Well Fl 341	N.P. / C. Name Rd · Addre	ess:			
Name and Title:					······································		

Name an	d'Title:	Name and Title:
Address		Address:
ARTICLE VI The name and FI Name: Address:	registered AGENT orida street address (P.O. Box NOT acceptable) of Shonda Smith 2680 Oil Well R Naples Fl 34120	3d. 3d ≤ 5d ≤
ARTICLE VII The name and ac Name: Address:	INCORPORATOR dress of the Incorporator is: MARCOS FERREITA 2680 011 Well Rd Naples, Fl 3412	PH 3: 49
	ned as registered agent to accept service of process im familiar with and accept the appointment as reg Required Signature/Registered Agent	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity O O O Date
I submit this doc	ument and affirm that the facts stated herein are performent of State constitutes a third degree felong Required Signature/Incorporator	true. I am aware that the false information submitted in a say as provided for in s.817.155, F.S. O 10 13 Date