

Division of Corporations

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
Markus Medical Placement, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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DIVISION OF CORPORATIONS

RECEIVED
14 JAN 22 AM 11:57
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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Markus Medical Placement, 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: Marilyn Deen

Name (Printed or typed)

2619 NW 53th St.

Address

Tamarae, FL 33309

City, State & Zip

(302) 981-5818

Daytime Telephone number

marilyndeene@outlook.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

2014 JAN 22 PM 1:19

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: Markus Medical Placement, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address

2619 NW 55th St.

Tamarac, FL 33309

Mailing address, if different is:

5200 N Federal Highway, Suite 2

PMB 1174

Fort Lauderdale, FL 33308

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: medical staff recruiting.

ARTICLE IV SHARES 100,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marilyn Deen, President & Secretary Name and Title: Suki Deen, Vice President & Treasurer

Address: 2619 NW 55th St. Address: 2619 NW 55th St.

Tamarac, FL 33309 Tamarac, FL 33309

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
(cont.)
2014 JAN 22 PM 1:19

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:

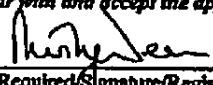
Name: Marilyn Deen
Address: 2619 NW 55th St.
Tamarac, FL 33309

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Marilyn Deen
Address: 2619 NW 55th St.
Tamarac, FL 33309

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

By:  1/21/2014
Required Signature/Registered Agent 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.

 1/21/2014
Required Signature/Incorporator Date