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

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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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2014 JAN 22 PM 1:19

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

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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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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 55th St.
Address

Tamarac, FL 33309
City, State & Zip

(302) 981-5818
Daytime Telephone number

marilynddeen@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 CORPORATIONS
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	Mailing address, if different is:
2619 NW 55th St.	5200 N Federal Highway, Suite 2
Tamarac, FL 33309	PMB 1174
	Fort Lauderdale, FL 33308

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

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

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:	

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
(contd.)
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