

P140000029541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



(Business Entity Name)

(Document Number)

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

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### Certificates of Status

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

14 APR -1 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W1414591

## COVER LETTER

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

SUBJECT: **Empire Marketing & Design Corp**

(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: **Lauren C Clausen**

Name (Printed or typed)

**112 Highview Avenue**

Address

**Lehigh Acres, Florida, 33936**

City, State & Zip

**(941) 876-4487**

Daytime Telephone number

**cobeachconsult@gmail.com**

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

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

Ref. Number #: W14000014891

Empire Marketing and Design Corp.

Letter Number: 214A00005061

ATTN: Jessica A. Fason.

Address change

From: 112 Highview Ave  
Lehigh Acres, FL 33936

TO: 2998 Upland St.  
North Port, FL 34286

Name change:

From: Laura Clausen

To: Lauren Clausen

OFFICE OF STATE  
TALLAHASSEE, FLORIDA

14 APR - 1 AM 9:03

RECEIVED

Thank you for  
your help!  
- Lauren  
Clausen

**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: Empire Marketing & Design Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

412 Highview Avenue 2998 Upland St.  
Lehigh Acres, FL 33936 North port, FL  
34286

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To design and develop marketing materials and services including but not limited to website development.

To conduct any such business operations necessary to promote and sustain business operations related to such business including purchasing and selling materials and services related to the business. Also including rental of premises and purchase of real property necessary to sustain the operations of the business.

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: Laura C Clausen

Name and Title: Thomas E O'Malley Jr

Address: President/ Secretary

Address: Vice President/ Treasurer

112 Highview Avenue

863 Milligan Lane

Lehigh Acres FL 33936

West Islip NY 11795

Name and Title: Lauren C Clausen

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

Address: 2998 Upland St.

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

North Port, FL 34286

President/ Secretary

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

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

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

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

14 APR - 1 PM 3:25

(conti.)

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: Laura C Clausen Lauren C Clausen  
Address: 112 Highview Avenue 2998 Upland St.  
Lehigh Acres FL 33936 North Port, FL 34286

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Laura C Clausen Lauren C. Clausen  
Address: 112 Highview Avenue 2998 Upland St.  
Lehigh Acres, FL 33936 North Port, FL 34286

*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*

[Signature]  
Required Signature/Registered Agent

2/28/2014

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.*

[Signature]  
Required Signature/Incorporator

2/28/2014

Date

FILED  
14 APR - 1 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA