

P 14 00004 6614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

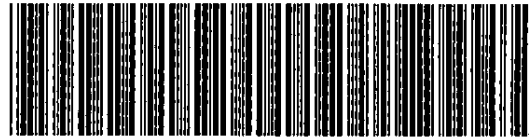
(Business Entity Name)

(Document Number)

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

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05/27/14--01023--007 \*\*78.75

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY 27 AM 8:24

**COVER LETTER**

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

**SUBJECT:** Marcus Christensen, P.A.  
(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:** Marcus Christensen  
Name (Printed or typed)

1105 Placetas Avenue  
Address

Coral Gables, FL, 33146  
City, State & Zip

(305) 495-6933  
Daytime Telephone number

machristensen@gmail.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)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY 27 AM 8:24

**ARTICLE I NAME**

The name of the corporation shall be: Marcus Christensen, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5201 Blue Lagoon Drive  
Suite 100  
Miami, FL 33126

Mailing address, if different is:

1105 Placetas Avenue  
Coral Gables, FL 33146

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Maximizing value for real estate investors.

**ARTICLE IV SHARES 2000**

The number of shares of stock is: 2000

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

Name and Title: Marcus Christensen - Director/President Name and Title: \_\_\_\_\_

Address 1105 Placetas Avenue Address: \_\_\_\_\_  
Coral Gables, FL 33146 \_\_\_\_\_

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

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

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

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

(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:

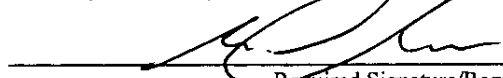
Name: Marcus Christensen  
Address: 1105 Placetas Avenue  
Coral Gables, FL 33146

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: Marcus Christensen  
Address: 1105 Placetas Avenue  
Coral Gables, FL 33146

*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*

 _____	<u>05/22/2014</u>
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.*

 _____	<u>05/22/2014</u>
Required Signature/Incorporator	Date