

PA000054398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

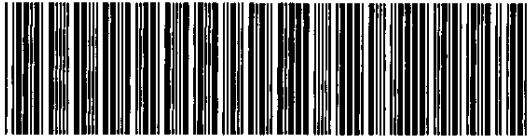
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

W14-27112

COVER LETTER

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

SUBJECT: Marcella ROBINSON, PA
(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: Marcella Robinson
Name (Printed or typed)

20447 NW 12 AVE
Address

MIAMI, FL 33169
City, State & Zip

(305) 244-3974
Daytime Telephone number

MAROBINSON1010@yahoo.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)

ARTICLE I NAME
The name of the corporation shall be: MARCELLA ROBINSON, PA

ARTICLE II PRINCIPAL OFFICE
Principal street address: 20447 NW 12 AVE
MIAMI, FLA. 33169
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Realtor

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>MARCELLA ROBINSON/PRES/OWNER</u>	Name and Title:	_____
Address	<u>20447 NW 12 AVE</u>	Address:	_____
	<u>MIAMI</u>		_____
	<u>FLA, 33169</u>		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

SECRETARY OF STATE
TALLAHASSEE FLORIDA
14 JUN 20 AM 9:15
CORP. DIV.

(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: MARCELLA ROBINSON
 Address: 20447 NW 12 AVE
MIAMI, FL 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marcella Robinson
 Address: 20447 NW 12 AVE
MIAMI, FL 33169

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

4/29/14
 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

4/29/14
 Date

SECRETARY OF STATE
 TALLAHASSEE FLORIDA
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