

A14 0000056015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

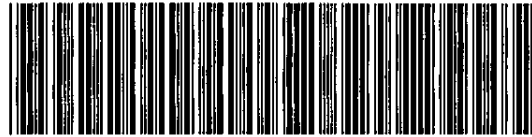
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUN 30 2014  
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14 JUN 27 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** merchant commerce resources,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:** desiree trobman

Name (Printed or typed)

1361 s. ocean blvd.

Address

pompano beach,fl 33062

City, State & Zip

954-934-4745

Daytime Telephone number

funnyeyesforyou@aol.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: merchant commerce resources, inc

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

1361 s. ocean blvd.  
pompano beach, fl 33062

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: provide merchant services

**ARTICLE IV SHARES**

The number of shares of stock is: 1150

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

Name and Title: desiree trobman, pres.

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

Address 1361 s. ocean blvd.  
pompano beach, fl 33062

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

Name and Title: james m. mangano, vp

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

Address 1361 s. ocean blvd.  
pompano beach, fl 33062

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(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: desiree trobman  
Address: 1361 s. ocean blvd  
pompano beach, fl 33062

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: desiree trobman  
Address: 1361 s. ocean blvd.  
pompano beach, fl 33062

*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*

Desiree Trobman  
Required Signature/Registered Agent

06/25/2014  
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.*

Desiree Trobman  
Required Signature/Incorporator

06/25/2014  
Date