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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

f 7/31/14

**COVER LETTER**

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

**SUBJECT: M. EDWARDS INSURANCE AGENCY 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      ☐ \$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: MARIANNE EDWARDS**  
Name (Printed or typed)

**5724 NE 17TH AVENUE**  
Address

**FT. LAUDERDALE, FL 33334**  
City, State & Zip

**(954)850-1009**  
Daytime Telephone number

**M.EDWARDSAGENCY@GMAIL.COM**  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**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: M. EDWARDS INSURANCE AGENCY INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

MARIANNE EDWARDS

5724 NE 17TH AVENUE

FT. LAUDERDALE, FL 33334

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: MARIANNE EDWARDS, PRES

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

Address 5724 NE 17TH AVENUE

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

FT. LAUDERDALE, FL 33334

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: MARIANNE EDWARDS  
Address: 5724 NE 17TH AVENUE  
FT. LAUDERDALE, FL 33334

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: MARIANNE EDWARDS  
Address: 5724 NE 17TH AVENUE  
FT. LAUDERDALE, FL 33334

*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*

x Marianne Edwards  
Required Signature/Registered Agent

+ 7/28/14  
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.*

+ Marianne Edwards  
Required Signature/Incorporator

x 7/28/14  
Date

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