P14000078707

(Re	equestor's Name)			
(Ad	Idress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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SECRETARY OF STATE

14 SEP 22 PH 3: 5



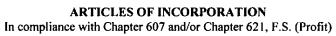
1/4

COVER LETTER

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

SUBJECT: Mar	k Prideaux, P.A.		
John Co.		ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 O		COPY REQUIRED
FROM: N	lark Prideaux	e (Printed or typed)	
39	00 10th Street	, , ,	
		Address	· · · · · · · · · · · · · · · · · · ·
A	tlantic Beach, FL	32233	
	•	, State & Zip	
90	04-314-1776		
	Daytime 7	Telephone number	
<u>m</u>	ark.prideaux@gmail	.COM ed for future annual report	notification)
	i.,−iiiaii auui ess. (10 0€ ust	ca for future aminar report	nomication

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





The name of the corporat	mention shall be: Mark Prideaux, P.A	14 SEP 22 PM 3: 57
	NCIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is: STATE
Atlantic Beach		
ARTICLE III PUR The purpose for which to real estate tran as a Realtor.	POSE the corporation is organized is: Sactions in the State of Flori	essional Organization will be involved with da. Corporation will function primarily
ARTICLE IV SHA The number of shares of	IRES stock is:	
	rial officers and/or director ::Mark Prideaux, President	
Address	390 10th Street Atlantic Beach, FL 32233	Address:
Name and Title:		Name and Title:
Auttess		Address:
No d Tide		
Name and Title		Name and Title:



(conti.)

Name and	d Title:	Name and Title:	PM 3: 57
Address		Address: SECPETATION	CA STATE
ARTICLE VI	REGISTERED AGENT		
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Mark Prideaux		
Address:	390 10th Street	_	
	Atlantic Beach, FL 32233	<u>.</u>	
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u>	dress of the Incorporator is:		
Name:	Mark Prideaux		
Address:	390 10th Street	_	
	Atlantic Beach, FL 32233	-	
Having been nan this certificate, I d	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corpora istered agent and agree to ac	tion at the place designated in t in this capacity
	Mark Endrand		9-17-14
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon		
γ	Mach (Mean) Required Signature/Incorporator		9-17-14
	Required Signature/Incorporator		Date