

PI4000092035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

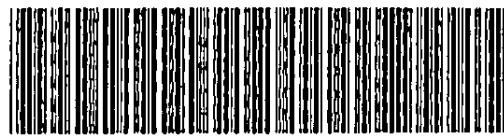
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

NOV 13 2014

T. SCOTT



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11/13/14--01006--025 **70.00

APPROVED
AND
FILED
14 NOV 13 AM 11:37
SHERIFF OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Quincy Marathon 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 & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: MENGERE MEKONEN

Name (Printed or typed)

3700 Capital Ln NE #1217

Address

Tallahassee, Florida 32311

City, State & Zip

407-625-5796

Daytime Telephone number

MENGERE8@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: Quincy Marathon INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

502 WEST JEFFERSON Street
Quincy, Florida 32351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Convenience Stores Gas
Station

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MENBERE T. MEKONNEN Name and Title: _____

Address: 3700 Capital Ln NE Address: _____

Tallahassee, Florida _____

32311 - Pres./Director _____

14 NOV 13 AM 11:38
SEARCHED
INDEXED
FILED
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVED
AND
FILED

(cont.)

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:

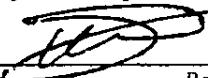
Name: Menbere T. Mekonnen
Address: 3700 Capital Ln NE 1217
Tallahassee, Florida 32311

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Menbere T. Mekonnen
Address: 3700 Capital Ln NE 1217
Tallahassee, Florida 32311

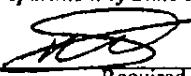
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11-18-2014
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.



Required Signature/Incorporator

11-18-2014
Date

SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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I MENBERE T. MEKONNEN WILL NOT
Reinstate Quincy Marathon, INC.

DOCUMENT NUMBER #D12000032773

I RELEASE THE NAME FOR USE.



MENBERE T. MEKONNEN

APPROVED
AND
FILED

14 NOV 13 AM 11:38

SECRETARIAL STATE
TALLAHASSEE, FLORIDA