

P15000035522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

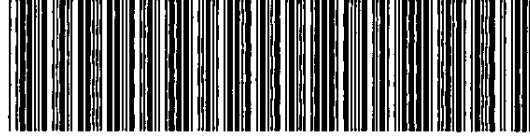
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 16 AM 7:20

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AND
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VH

COVER LETTER

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

SUBJECT: Marilyn Ashley Design Associates 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: Marilyn G Russell
Name (Printed or typed)

2709 Pythagoras Circle
Address

Ocoee FL 34761
City, State & Zip

407-462-6095
Daytime Telephone number

marilyn@marilynashleydesign.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: Marilyn Ashley Design Associates, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2709 Pythagoras Circle
Ocoee, FL 34761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marilyn G Russell, President Name and Title: _____

Address: 2709 Pythagoras Cir Address: _____
Ocoee, FL 34761

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 16 AM 7:29

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AND
FILED

APPROVAL
AND
FILED

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

15 APR 16 AM 7:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:


Name: Marilyn G Russell
Address: 2709 Pythagoras Circle
Ocoee, FL 34761

ARTICLE VII INCORPORATOR

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

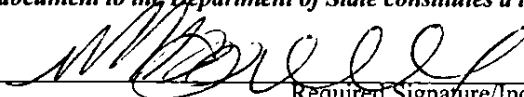
Name: Marilyn G Russell
Address: 2709 Pythagoras Circle
Ocoee, FL 34761

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

4-13-2015
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

4-13-2015
Date