

P/5000050216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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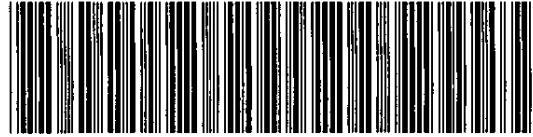
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN - 8 PM 2:48

✓ 06/10/15

EFFECTIVE DATE 06/22/15

COVER LETTER

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

SUBJECT: Mari Crews, P.A.

(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~~ ^{MC} Filing Fee
& Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Mari Crews

Name (Printed or typed)

820 Meadowland Dr. #B

Address

Naples, Florida 34108

City, State & Zip

314-578-7315

Daytime Telephone number

fredbird498@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: Mari Crews, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

820 Meadowland Dr. #B

P.O. Box 112826

Naples, Florida 34108

Naples, Florida 34108

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mari Crews, Director

Name and Title: _____

Address 820 Meadowland Dr. #B

Address: _____

Naples, Florida 34108

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Jacqueline Juliano

Address: 12628 Biscayne Ct.

Naples, FL 34108

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mari Crews

Address: 820 Meadowland Dr. #B

Naples, Florida 34108

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 22, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Jacqueline Juliano
Required Signature/Registered Agent

6/3/2015
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.

Mari Crews
Required Signature/Incorporator

6/3/2015
Date