

P15000059925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

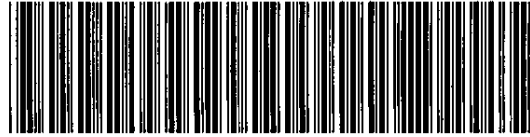
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400274845144

07/13/15--01031--005 **78.75

15 JUL 13 PM 1:46
20150713 13:46:00
Filing Office

MD 7/20

COVER LETTER

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

SUBJECT: MARIANNE RULAND, 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: MARIANNE RULAND

Name (Printed or typed)

369 SW NORTH SHORE BLVD

Address

PORT SAINT LUCIE, FL 34986

City, State & Zip

772-285-2875

Daytime Telephone number

MLRULAND07@GMAIL.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: MARIANNE RULAND, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

369 SW NORTH SHORE BLVD

PORT SAINT LUCIE, FL 34986

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIANNE RULAND, PRESIDENT

Name and Title: _____

Address 369 SW NORTH SHORE BLVD

Address: _____

PORT SAINT LUCIE, FL 34986

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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 RULAND
Address: 369 SW NORTH SHORE BLVD
PORT SAINT LUCIE, FL 34986

15 JUL 13 PM 1:46
2015

ARTICLE VII INCORPORATOR

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

Name: MARIANNE RULAND
Address: 369 SW NORTH SHORE BLVD
PORT SAINT LUCIE, FL 34986


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JULY 15, 2015. (OPTIONAL)

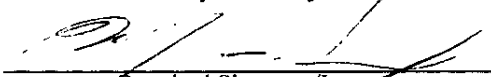
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 JULY 9, 2015
Required Signature/Registered Agent 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.

 JULY 9, 2015
Required Signature/Incorporator Date