

P15000100202

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

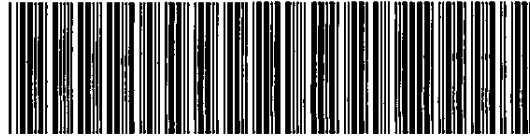
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15 DEC 17 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W15-67490

DEC 21 2015

COVER LETTER

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

SUBJECT: PARNASSE INSURANCE,TAX,TRAVEL ETC.

(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: Dr. Marcelle Martelly

Name (Printed or typed)

1440 N.E 210st Terrace

Address

Miami,Florida 33179

City, State & Zip

305 934 7463

Daytime Telephone number

Marcelle.Martelly@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2015

DR MARCELLE MARTELLY
1440 N.E. 210ST TERRACE
MIAMI, FL 33179

SUBJECT: PARNASSE INSURANCE, TAX, TRAVEL ETC. INC.
Ref. Number: W15000067490

We have received your document for PARNASSE INSURANCE, TAX, TRAVEL ETC. INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 215A00021541

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TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2015

DR FRANTZ DELVA 2ND ML
6448 NW HALIBUT STREET
PORT ST LUCIE, FL 34986

SUBJECT: PARNASSE INSURANCE, TAX, TRAVEL ETC. INC.
Ref. Number: W15000067490

RECEIVED
15 DEC 17 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PARNASSE INSURANCE, TAX, TRAVEL ETC. INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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Tim Burch
Regulatory Specialist II

Letter Number: 215A00021541

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: Parnasse Insurance, Tax, Travel etc. Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1440 NE 201 Terrace

Miami, Florida, 33179

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to initiate a membership group whereby every one with appropriate education and training may join this progressive business
minded group of people to form a successful enterprise that will serve all clients.

ARTICLE IV SHARES

The number of shares of stock is: 1

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marcelle Martelly, President

Name and Title: _____

Address 1440 NE 201 Terrace

Address: _____

Miami, Florida 33179

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: Dr Frantz Delva

Address: 6448 NW Halibut Street

Port Saint Lucie, Florida 34986

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Dr Frantz Delva

Address: 6448 NW Halibut Street

Port St Lucie Florida 34986

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Sept 30, 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

Frantz Delva
Required Signature/Registered Agent

09/30/2015

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.

Frantz Delva
Required Signature/Incorporator

09/30/2015

Date