

P16000007628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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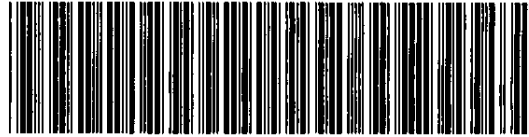
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/15/16--01020--028 \*\*78.75

APPROVED  
AND  
FILED  
16 JAN 15 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/15

## COVER LETTER

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

**SUBJECT:** Marion Anna Thacker, 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  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Marion Thacker

Name (Printed or typed)

1047 W Riviera Blvd

Address

Oviedo, FL 32765

City, State & Zip

321-662-7550

Daytime Telephone number

marionthacker@yahoo.com

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

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

APPROVED  
AND  
FILED

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (P. 16) JAN 15 AM 8:20

**ARTICLE I NAME**

The name of the corporation shall be: Marion Anna Thacker, P.A.

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1047 W Riviera Blvd

Oviedo, FL 32765

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Real estate sales and real estate broker

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Marion Thacker, President Name and Title: \_\_\_\_\_

Address 1047 W Riviera Blvd Address: \_\_\_\_\_

Oviedo, FL 32765

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

APPROVED  
AND  
FILED

16 JAN 15 AM 8:20

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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: Marion Thacker  
Address: 1047 W. Riviera Blvd  
Oviedo, FL 32765

**ARTICLE VII INCORPORATOR**

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

Name: Marion Thacker  
Address: 1047 W Riviera Blvd  
Oviedo, FL 32765

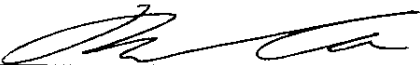
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (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*

 _____ Required Signature/Registered Agent	01/12/2016 _____ Date
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*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	1/12/16 _____ Date
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