

P16000008476

(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



100280686081

01/19/16--01040--006 **87.50

16 JAN 19 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Handwritten initials

COVER LETTER

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

SUBJECT: Pierre Morin 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: Pierre Morin
Name (Printed or typed)
1830 Imperial Golf Course Boulevard
Address
Naples, FL 34110
City, State & Zip
239 596 0172
Daytime Telephone number
pierremorin@verizon.net
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)

APPROVED
AND
FILED

16 JAN 19 AM 8:19

ARTICLE I NAME
The name of the corporation shall be: Pierre Morin Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address
1830 Imperial Golf Course Boulevard
Naples, FL 34110

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Provide professional services and management advice in the field of development mainly to Foreign Governments.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Pierre Morin, President</u>	Name and Title:	_____
Address	<u>1830 Imperial Golf Course Boulevard</u>	Address:	_____
	<u>Naples, FL 34110</u>		_____

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

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

APPROVED
AND
FILED

16 JAN 19 AM 8:19

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: Pierre Morin
Address: 1830 Imperial Golf Course Boulevard
Naples, FL, 34110

ARTICLE VII INCORPORATOR

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

Name: Pierre Morin
Address: 1830 Imperial Golf Course Boulevard
Naples, FL 34110

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

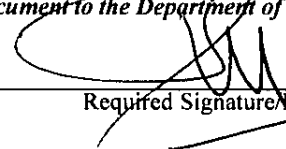


Required Signature/Registered Agent

Jan. 13, 2016

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

Jan 13, 2016

Date