



**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

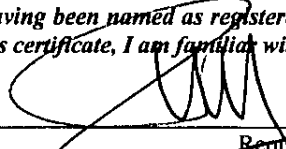
**ARTICLE VIII EFFECTIVE DATE:**

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.)

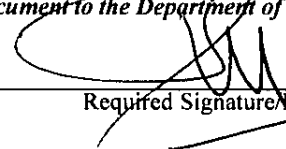
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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