

P16000008490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

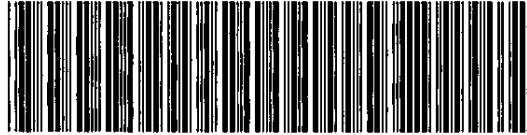
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/19/16--01038--004 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JAN 19 AM 8:54

APPROVED
AND
FILED

1/19

COVER LETTER

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

SUBJECT: Marrazzo 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: Ana Marrazzo

Name (Printed or typed)

2701 North Ocean Blvd #3E

Address

Fort Lauderdale FL 33308

City, State & Zip

9545633250

Daytime Telephone number

marrazzoana@gmail.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. (Profit)

16 JAN 19 AM 8:54

ARTICLE I NAME

The name of the corporation shall be: Marrazzo P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2701 North Ocean Blvd #3E

Fort Lauderdale FL 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for Profit Accounting Firm. "Professional Corporation"

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ana Marrazzo President

Name and Title: Todd Marrazzo Vice President

Address: 2701 North Ocean Blvd #3E

Address: 2701 North Ocean Blvd #3E

Fort Lauderdale FL 33308

Fort Lauderdale FL 33308

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

APPROVED
AND
FILED

16 JAN 19 AM 8:54

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Ana Marrazzo

Address: 2701 North Ocean Blvd #3E

Fort Lauderdale FL 33308

ARTICLE VII INCORPORATOR

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

Name: Ana Marrazzo

Address: 2701 North Ocean Blvd #3E

Fort Lauderdale FL 33308

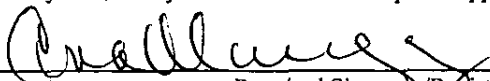
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

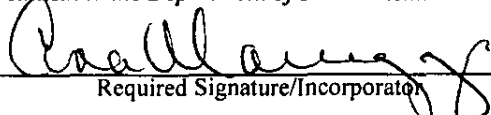
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

<u></u>	<u>1/14/2016</u>
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.

<u></u>	<u>1/14/2016</u>
Required Signature/Incorporator	Date