Division of Corporations **Electronic Filing Cover Sheet**

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(((H16000042310 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023

Phone : (850) 205-8842 Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION

Marcus's Fieldbrook, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

***Please file 2nd after.Inc.

Electronic Filing Menu Corporate Filing Menu

Help

2/18/2016 3:08:20 PM From: To: 8506176381(2/4)

COVER LETTER

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

SOBJECT: Ma	itcus's	Fieldbrook, Inc.		
SODJECT		(PROPOSED CORPORA	ATE NAME - MUSITISCU	(DE SUFFIX)
Enclosed are an	origi	nal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70. 0	00	⊠ \$78 .75	\$78.75	□ \$87.50
Filing F	ee	Filing Fee	Filing Fee	Filing Fee,
		& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
				Status
			ADDITIONAL CO	
				
TD O) 4	Roe	tzel & Andress, LPA Attn: Connie	A. Porter	
FROM	:	Nam	e (Printed or typed)	,
		South Main Street, Suite 400		,
		•	Address	
	Аkт	on. OH 44308		
		City	, State & Zip	
	(330) 849-6679		
		Daytime	Telephone number	
	capo	ri ct@rai zw.com	•	
		E-mail address: (to be use	ed for future annual report i	otttication)

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

2/18/2016 3:08:20 PM From: To: 8506176381(3/4)



16 FEB 18 PH 1: 09

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE TAIL AHASSEE FI ORIDA The name of the corporation shall be: Narcus's Fieldbrock, Inc. ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 1600 North Second Street Fort Pierce, FL 34950 ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

any and all lawful business ARTICLE IY SHARES The number of shares of stock is: 1,000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Charles R. Shoup, President Name and Title: 1600 North Second Street Address _ Address: Fort Pierce, FL 34950 Name and Title:____ Name and Title: Address _____ Address: Name and Title: Name and Title: Address Address:

2/18/2016 3:08:20 PM From: To: 8506176381(4/4)

A ...



16 FEB 18 PM 1: 09

SECRETATY OF STATE TALLAHASSEE FLORIDA

Address		
		Address:
	·	
•		
	REGISTERED AGENT Inrida street address (P.O. Box NOT, acceptable	is) of the maintened population
Name:	R&A Agents, Inc.	cy or the registioned agent is:
Address:	350,East Las Olas Blvd., Suite 1150	
AUQUESS.	Port Lauderdale, FL 33301	
	The second section of the second section secti	
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the incorporator is:	
Name:	Charles R. Shoup	
Address:	1600 North Second Street	
	Fort Pierce, FL 34950	-
Effective date, if	EFFECTIVE DATE: Other than the date of filing:	
days after the fi	ling.)	mnot be more than five business days prior or 90 basiness
Note: If the date the document's e	e inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirements, this date will not be listed as refs.
this certificate, J	am familiar with and accept the appointment a	ocess for the above stated corporation at the place designated in s registered agent and agree to act in this capacity
By: Ch 1	Required Signature/Registered Agent	
	Required Signature/Registered Agent	Date-
I submit this doe document to the	ument and affirm that the facts stated herein Department of State constitutes a third degree j	are true, I am aware that the fulse information submitted in a felony us provided for in \$.817.155, F.S.
,		