

P16000019738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

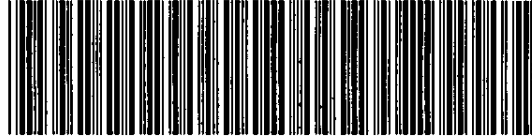
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-03-14

COVER LETTER

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

SUBJECT: Marshall Upch + Refinishing, 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: Kristina Guy
Name (Printed or typed)

2039 Sussex Drive S.
Address

ORANGE PARK, FL 32073
City, State & Zip

904-465-2071
Daytime Telephone number

Kristinag460@gmail.com
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)

ARTICLE I NAME

The name of the corporation shall be: Marshall Yacht Refinishing, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2039 Sussex Dr S.

O. P. FL 32073

P.O. Box 630

O.P. FL 32067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: Two

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Marshall Sr. Name and Title: President

Address: 2039 Sussex Dr S. Address: 

O.P. FL 32073

Name and Title: Kristina Guy - Treasurer Name and Title: _____

Address: 2039 Sussex Dr S Address: _____

O.P. FL 32073

Name and Title: Robert Marshall, Jr Name and Title: Vice President

Address: 2039 Sussex Dr S. Address: 

O.P. FL 32073

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Kristina Guy

Address: 2039 Sussex Dr S

O.P. FL 32073

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kristina Guy

Address: 2039 Sussex Dr S

O.P. FL 32073

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TALLAHASSEE, FLORIDA

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

Kristina Guy

Required Signature/Registered Agent

Feb. 15, 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.

Kristina Guy

Required Signature/Incorporator

Feb. 15, 2016
Date