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From: Tom Marcellis 1430 se 3rd ave cape coral fl 33904

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

I have withdrawn Foreign Profit Corporation THE MARCELLIS CORPORATION

Document Number F02000003175

I release the name The Marcellis Corporation and am now filing for a FL corporation using the name The Marcellis Corporation. Thank you.

Tom Marcellis

SEGRETARY OF STATE SERVICES OF

COVER LETTER

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

SORALC 1: The M	Viarcellis Corporation	TENAME MOST INST	HAP BUPPLOX
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUPPLX)
Enclosed are an o	original and one (1) copy of the art	icles of incorporation and	d a check for:
\$7 0.00	\$78.75	\$78.75	\$87.50
Filing Fee	e Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL GO	DET NEWDINED
EDOM: 7	Thomas Marcellis		
FROM: 3		e (Printed or typed)	
4	130 se 3rd ave		
	•	Address	
<u>C</u>	Cape Coral FL 33904	C	
	City,	State & Zip	
2	39-481-2975		
=		elephone number	
<u>tc</u>	ommarcellis@yahoo.com E-mail address: (to be use	d for future ennuel rener	notification)
	E-man address. (10 de dse	a tot tatate annuar tebott i	nouncanon <i>j</i>

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	tion shall be: The Marcellis Corporat	ion			
ARTICLE II PRINU 4130 se 3rd ave			Mailing address, if diff	erent is:	_
cape coral fl 33904					
ARTICLE III PURPO The purpose for which t	OSE he corporation is organized is: Any	and all lawful business			
-	4-44			a :	
				5	
			, , , , , , , , , , , , , , , , , , , ,		
				2: 0	
	AL OFFICERS AND/OR DIRECTO E:Thomas E Marcellis C.E.O.		Thomas E Marcellis	President	
Address	4130 se 3rd ave	Address:	4130 se 3rd ave		
	cape coral fl 33904		cape coral fl 33904		
Name and Title	:	Name and Title	:		
Address					
Name and Title	:	Name and Title			<u> </u>
Address					
Address		Audress.			
					

Name as	nd Title:	Name and Title:	_
Address	s	Address:	-
			<u>.</u>
		·	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	of the registered agent is:	
Name:	Thomas E Marcellis		
Address:	4130 se 3rd ave	TO MAY	
	cape coral fl 33904	- 2 明宗下	
ARTICLE VII	INCORPORATOR	PH 2:	
The name and a	ddress of the Incorporator is:		
Name:	Thomas E Marcellis	is	
Address:	4130 se 3rd ave		
	cape coral fl 33904		
Effective date, if	EFFECTIVE DATE: other than the date of filing: date is listed, the date must be specific and cannot ling.)	(OPTIONAL) It be more than five business days prior or 90 business	
	e inserted in this block does not meet the applicable ffective date on the Department of State's records.	statutory filing requirements, this date will not be listed as	i
Having been nai this certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as reg	s for the above stated corporation at the place designated gistered agent and agree to act in this capacity	in
Than	L. March	5/15/20	16
	Required Signature/Registered Agent	Date '	
I submit this dod document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in ny as provided for in s.817.155, F.S.	a
Then	2 Medles	5/15/2016	, >
Requi	HEAL STRIBBURE/THEOMODISTOL	l Date	