

P16000074591

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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16 SEP -9 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

9 12  
21-10-12

## COVER LETTER

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

SUBJECT: Derek Marquis Co.  
(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: Derek Marquis  
Name (Printed or typed)

8460 SW 209 CT  
Address

Dunnellon, FL 34431  
City, State & Zip

(352) 615-3892  
Daytime Telephone number

lewistandmar@gmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2016

DEREK MARQUIS  
8460 SW 209 CT  
DUNNELLON, FL 34431

SUBJECT: DEREK MARQUIS CO  
Ref. Number: W16000059337

We have received your document for DEREK MARQUIS CO and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 216A00018216

16 SEP - 3 PM 4:24

**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: Derek Marquis Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8460 SW 209 CT

Dunnellon, FL

34431

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To become compliant with  
Florida's Workmen's comp exemption

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Derek Marquis President Name and Title: \_\_\_\_\_

Address 8460 SW 209 CT Address: \_\_\_\_\_

Dunnellon, FL

34431

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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: Derek Marquis

Address: 8460 SW 209 CT

Dunnellon, FL 34431

**ARTICLE VII INCORPORATOR**

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

Name: Derek Marquis

Address: 8460 SW 209 CT

Dunnellon, FL 34431

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DEPARTMENT OF STATE  
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*

Derek Marquis

Required Signature/Registered Agent

8/16/2016

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.*

Derek Marquis

Required Signature/Incorporator

8/16/2016

Date