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(Requestor's Name)				
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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COVER LETTER

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

SUBJECT:	Tarc Fagan	PA.			
SUBJECT: Marc Fagar 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:					
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	i a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
		ADDITIONAL CO	ATREQUIRED		
FROM:	Make Fagan O E-mail address: (to be used)	M PC 332 State & Zip 28. 7500 elephone number	.		
1	NOTE: Please provide the or	riginal and one copy of	the articles.		

Department of State,

My name is Marc Fagan. The name Marc Fagan P.A. is inactive. I have no intension of reinstating the name. I would like to release the name and Marc Fagan is going to us the name in the new P.A..

Thank You Marc Fagan

SECKLIARY OF A A

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

203 M	Principal str	eet address			Mailing	g address, if diffe	rent is:	
Neptune	Book F	-L 322	66		203	Myra	Street	
	Beach			1	Veptune	Myra Beach	, FL	3224
ARTICLE III PUR The purpose for which Real E Estate	POSE the corporation	on is organized is	s Lic	ensed	PRO	ofession	۹(
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ARTICLE IV SHA The number of shares ARTICLE V INIT Name and T Address	of stock is: IAL OFFICER itle: Marc 203 Neptua	es <u>ANDIOR DIR</u> Fagga My Ra De Brach	street	_ Address:	Title:		2:15	
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Name and Title:	Name and Title:
Address	Address:
<u>ARTICLE VI REGISTERED AGENT</u> The <u>name and Florida street address</u> (P.O. Box NOT acceptable)	of the registered agent is:
Name: Marc Fagav	
Address: 203 Myra Street	
Nepture Beach, PL 32	266
ARTICLE VII INCORPORATOR	TISION NO THE
The <u>name and address</u> of the incorporator is:	
Name: Marc Fagan	
Address: 203 My Rn StRee	<u>t</u> 2.
Nepture Beach FL	
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 cand days after the filing.)	not be more than five business days prior or 90 business
Note: If the date inserted in this block does not meet the applicab the document's effective date on the Department of State's records	
Having been named as registered agent to accept service of proce	ess for the above stated corporation at the place designated in
this certificate, I am familiar with and accept the appointment as r	egistered agent and agree to act in this capacity
/ Ou pyr	
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein a document to the Department of State constitutes a third degree fel	e true. I am aware that the false information submitted in a only as provided for in s.817.155, F.S.
//20/12	1/1//
Required Signature/Lecorporator	