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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

JAN 12 2017

COVER LETTER

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

SUBJECT: MARQUEE CANDLES, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Christopher Day
Name (Printed or typed)
3101 SW 34TH AVE #905-254
Address
OCALA, FL 34474
City, State & Zip
888-905-7380
Daytime Telephone number
FLINCORPORATION@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

Department of State
Division of Corporations
P.O. Box 6327 Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Jan 4, 2017

ATTN: Division of Corporations

I mistakenly filed Marquee Candles as an LLC (#L16000230303). I am now dissolving the LLC and filing Marquee Candles, Inc. as a new corporation. I do not plan to use the name Marquee Candles LLC in any manner.

Sincerely,

A handwritten signature in black ink, appearing to read "Christopher Day".

Christopher Day, CEO
Marquee Candles, Inc.

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

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: MARQUEE CANDLES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3101 SW 34TH AVE

#905-254

OCALA, FL 34474

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: 200,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTOPHER DAY, CEO / PRES

Name and Title: NANCY RITACCO, DIRECTOR

Address: 3101 SW 34TH AVE

Address: 3101 SW 34TH AVE

#905-254

#905-254

OCALA, FL 34474

OCALA, FL 34474

Name and Title: JAMIE REDA, DIRECTOR

Name and Title: MATTHEW REDA, DIRECTOR

Address: 3101 SW 34TH AVE

Address: 3101 SW 34TH AVE

#905-254

#905-254

OCALA, FL 34474

OCALA, FL 34474

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: CHRISTOPHER DAY
 Address: 3101 SW 34TH AVE #905-254
 Ocala, FL 34474

ARTICLE VII INCORPORATOR

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

Name: CHRISTOPHER DAY
 Address: 3101 SW 34TH AVE #905-254
 Ocala, FL 34474

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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 days prior or 90 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

 Required Signature/Registered Agent
 JAN 4, 2017
 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.

 Required Signature/Incorporator
 JAN 4, 2017
 Date