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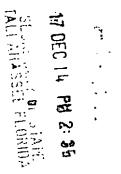
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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N CULLIGAN DEC 1 4 2017

COVER LETTER

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

| SUBJECT: | Macc (PROPOS | Fren SED CORPORAT | 1/9 / | Realt UST INCLU | DE SUFFIX) |
|----------------------|------------------------------------|----------------------|------------------------------|--------------------|--|
| Enclosed are an orig | ginal and one (1) | copy of the artic | eles of incorpo | oration and | a check for: |
| S70.00 Filing Fee | □ \$78.75 Filing Fee & Certificate | of Status | S78.75 Filing Fee & Certifie | ed Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| | Μ. | - I | | | |

Ponte Gorda Janeiro Ave

Address

Ponte Gorda J-633983

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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



November 29, 2017

MARC SAINT CYR 1501 RIO DE JANEIRO AVENUE PUNTA GORDA, FL 33983

SUBJECT: MARC FRIENDLY REALTY INC.

Ref. Number: W17000094757

We have received your document for MARC FRIENDLY REALTY INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The filing type you selected was a NON PROFIT filing, however it appears by the purpose contained in the articles is for a PROFIT. Please verify the filing type. I am enclosing a Profit Corporation filing form for your convenience.

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: 917A00024110

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

| The name of the corporation shall be: Marc F | cendly Real + | 1, Inc |
|--|---------------------------|---------------|
| 3049 Cle Vel and Principal street address | Mailing address, if di | • |
| Suite 253 Fort Myers FC 33901 | | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | ov.de Real E | stele |
| soles and service + residential and non | - residential | customers |
| | | |
| | | 17 DEC |
| ARTICLE IV SHARES The number of shares of stock is: / O O O ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | | ASSEE FLORIDA |
| Name and Title: Marc Scint Cy Y Address 1501 R:0 de Jane Punta Gorda FC 33983 | Name and Title: Address: | |
| Name and Title: Address | | |
| Name and Title: | Name and Title: | |
| Address | | |

| Address | Address: | |
|---|---|---|
| | | |
| | | |
| | | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptal | ble) of the registered agent is: | |
| Name: Marc Saint Cyr | | |
| Address: 150/ Rio de Ja | | > 0 3 |
| Ruta Gorda, FL | · · · · · · · · · · · · · · · · · · · | 7 DEC |
| ARTICLE VII INCORPORATOR | | 97.53 97.53 9 .53 |
| The <u>name and address</u> of the incorporator is: | | F(0) |
| Name: Marc Scint Cy Address: 1501 Rio da Jana | <u>1 Y</u> | |
| Address: 1501 Rio da Jana | iro Ave | |
| Punte Gorde, F. | <u>: 3</u> 3983 | |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and filing.) | (OPTIONAL) | or 90 days after the |
| Note: If the date inserted in this block does not meet the applitude document's effective date on the Department of State's rec | | date will not be listed as |
| Having been named as registered agent to accept service of pathis certificate, I am familiar with and accept the appointment | rocess for the above stated corporation as registered agent and agree to act in | at the place designated in this capacity |
| NM . | | 12-12-17 |
| Required Signature/Registered Ager | nt | Date |
| I submit this document and affirm that the facts stated herei document to the Department of State constitutes a third degree | in are true. I am aware that the false i e felony as provided for in s.817.155, F. | nformation submitted in a S. |
| And 1 | | 12-12-17 |
| Required Signature/Incorporator | | Date |
| VV | | |

. .

Name and Title:______ Name and Title:_____

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