## P20000055278

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
M300000P1P83-				

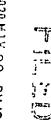




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## **COVER LETTER**

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

		6	
SUBJECT: PAUL C	CHANCELLOR MARTINEAL	J INC	<del></del>
	(PROPOSED CORPORAT	E NAME – <u>MUST INCLU</u>	DE SUFFIX)
Enclosed are an origin	nal and one (1) copy of the artic	les of incorporation and	a check for:
□ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status
	l	ADDITIONAL CO	T I REQUIRED
	322 Onyx Dr. NE	Printed or typed)	
	Ac	ddress	
Palm	n Bay Florida (3: City, S	2905) tate & Zip	· · · · · · · · · · · · · · · · · · ·
(321	) 482-298Z		m)
- <del></del>	Daytime Te	lephone number	1020
paul	chancellormartineau@gmail		
	E-mail address: (to be used	for future annual report n	otification)
N	OTE: Please provide the ori	ginal and one copy of	otification) of the articles.

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

CLEU DOING	ion shall be: PAUL CHANCEL		
	Principal street address	c/8 {	Mailing address, if different is:  322 Only Dr. NE  Bay Fi , (52905)
RIINE 21 0 NYX 0 R . H CHEHNY AURPO URACO ST which to	E DSE he corporation is organized is: "pe		
	е.		
			2020 HA
CLE IV SHARI Imber of shares of CLE V INITIA	stock is:	,000 private	HASSEE
Name and Title	Paul C. Martineau, a	natural man Name and Ti	ILE: PAUL CHANCELER ABRTINE A
	822 0014 00	A 33	a legal Entity
Address.	822 Onyx Dr. Palm Bay Fl,	Address:	a legal Entity Holmes Regional Hospital
	822 Only Dr.	Address:	a legal Entity
	822 Onyx Dr.  Palm Bay FI,  (32905)	Address:	a legal Entity Holmes Regional Hospital
Address.  Name and Title:	822 Onyx Dr.  Palm Bay FI,  (32905)	Address:  Name and Ti	HOIMES REGIONAL HOSPITAL  MELBUURNE FLORIDA, BREVARY  TIC: PAUL CHANCELOR MARTINEAU
Address  Name and Title: Address	822 Onyx Dr.  Palm Bay FI,  (32905)	Address:  Name and Ti  Address:	HOIMES REGIONAL HOSPITAL  MELBUURNE FLORIDA, BREVARY  TIC: PAUL CHANCELOR MARTINEAU
Address  Name and Title: Address	822 Onyx Dr.  Palm Bay FI,  (32905)	Address: Name and Ti Address: Name and Ti	HOIMES REGIONAL HOSPITAL MELBUURNE FLURIDA, BREVARY TIC: PAUL CHANGELOR MARTINEAU  RES CHURCHES MARTINEAU  RES CHURCHES MARTINEAU

Name	and Title:	Name and Title:	
Addre	:ss ::	Address:	
	REGISTERED AGENT		
e <u>name and</u> ame:	Florida street address (P.O. Box NOT acceptable) of Paul C. Martineau	f the registered agent is:	
ldress:	c/o 822 Onyx DR	_	
	Palm Bay, FL (32905)	_ P	AULC
	INCORPORATOR  address of the Incorporator is:  ALL Hantonens as  CO PAUL MARTWEAU  322 Only Dr. Palm Bay F1, 32	- - -	Paul Material agent 6/22/2020 @ 16:07  CASTERN Without predictive July
ective date, an effective ng.) te: If the da	if other than the date of filing: 06/01/2020 e date is listed, the date must be specific and cannot be inserted in this block does not meet the applicable of effective date on the Department of State's records.	ot be more than five do	ays prior or 90 days after the
ving been na tificate, I an	amed as registered agent to accept service of process f a familiar with and a	red agent and agree to a	oration at the place designated in this ct in this capacity
Sou	Required Signature/Registered Agent	wear	05/24/2020
	·	•	Date
	ocument and affirm that the facts stated herein are e Department of State constitutes a third degree felon		
au () Juired Signa	nancolor Martineau / Paul Mana	rineau	Date 05/24/2020
	•		2020 MAY