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2020 MAY 28 PM 12:28
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: PAUL CHANCELLOR MARTINEAU 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 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: Paul Chancellor Martineau[®]

Name (Printed or typed)

c/o 822 Onyx Dr. NE

Address

Palm Bay

Florida (32905)

City, State & Zip

(321) 482-2982

Daytime Telephone number

paulchancellormartineau@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
TALLAHASSEE, FL

2020 MAY 28 PM 12:28

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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: PAUL CHANCELLOR MARTINEAU INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

**PAUL C
MARTINEAU**

822 ONYX DR. NE

c/o 822 Onyx Dr. NE
Palm Bay Fl, (32905)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: "person"

ARTICLE IV SHARES

The number of shares of stock is: 100,000 private

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul C. Martineau, a natural man Name and Title: PAUL CHANCELLOR MARTINEAU,

Address: 822 Onyx Dr. Address: a legal Entity
Palm Bay Fl,
(32905) HOLMES REGIONAL HOSPITAL
MELBOURNE FLORIDA, BREVARD, 32901

Name and Title: _____ Name and Title: PAUL CHANCELLOR MARTINEAU

Address: _____ Address: Paul Chancellor Martineau ©

Name and Title: P.C. MARTINEAU © Name and Title: Paul-Chancellor Martineau

Address: c/o 822 Onyx Dr. NE Address: c/o 822 Onyx Dr. NE
Palm Bay, Fl
(32905) Palm Bay Fl,
(32905)

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: Paul C. Martineau
Address: c/o 822 Onyx DR
Palm Bay, FL (32905)

ARTICLE VII INCORPORATOR

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

Name: Paul C. Martineau as
Address: c/o PAUL C. MARTINEAU
822 Onyx Dr. Palm Bay Fl, 32905

PAUL C
MARTINEAU
822 ONYX DR - NE
PALM BAY FL
32905
Paul C. Martineau, agent
6/22/2020 @ 16:07 H
"Without prejudice" June 1-2020

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/01/2020 (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

Paul C. Martineau / Paul C. Martineau
Required Signature/Registered Agent

05/24/2020

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.

Paul Chancellor Martineau / Paul C. Martineau
Required Signature/Incorporator

05/24/2020

Date

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TALLAHASSEE, FL
DEPARTMENT OF STATE