

P20000098431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

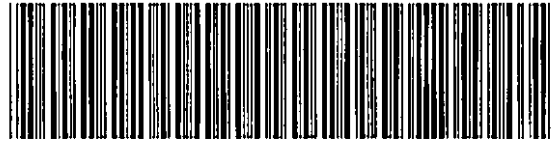
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400356524094

12/16/20--01037--004 \*\*73.75

2009 DEC 16 PM 4:04

F I L E

## COVER LETTER

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

RECEIVED FOR FILING

FEB 11 2004

**SUBJECT:** Marilyn Bellamy NP & Company  
(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:** Marilyn Bellamy  
Name (Printed or typed)

4627 1<sup>st</sup> Avenue North

Address

Saint Petersburg, FL 33713

City, State & Zip

727-215-4037

Daytime Telephone number

Bellamymtb@aol.com

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

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

**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: Marilyn Bellamy NP & Company

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4627 1<sup>st</sup> Avenue North

St. Petersburg, FL 33713

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This corporation is formed to engage in any lawful act or activity for which a corporation may be organized under the Business Corporation Law in this state.

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Marilyn Bellamy / Director Name and Title: \_\_\_\_\_

Address 4627 1<sup>st</sup> Avenue North Address: \_\_\_\_\_

St. Petersburg, FL 33713

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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: Marilyn Bellamy

Address: 4627 1<sup>st</sup> Avenue North

St. Petersburg, FL 33713

**ARTICLE VII INCORPORATOR**

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

Name: Marilyn Bellamy

Address: 4627 1<sup>st</sup> Avenue North

St. Petersburg, FL 33713

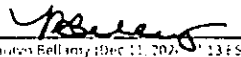
**ARTICLE VIII EFFECTIVE DATE:**

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*

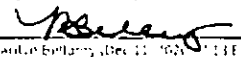
  
Marilyn Bellamy (Dec 11, 2020) 13 F S 1

Required Signature/Registered Agent

Dec 11, 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.*

  
Marilyn Bellamy (Dec 11, 2020) 13 F S 1

Required Signature/Incorporator

Dec 11, 2020

Date