

P21000060582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

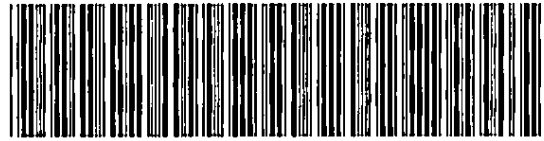
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700368715757

06/24/21--01025--018 **70.00

FILED

21 JUN 21 AM 1:50

SECRETARY OF STATE
TALLAHASSEE, FL 32311

SB
6/29/21

COVER LETTER

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

SUBJECT: Marco Island Coin + Bullion Reserve, 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 V. Marino
Name (Printed or typed)

140 Seaview Ct.
Address

Marco Island, FL 34145
City, State & Zip

718-465-8192
Daytime Telephone number

Saundersjordan58@gmail.com
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FL 32314

21 JUN 24 AM 1:50

FILED

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: Marco Island Coin + Bullion Reserve, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

140 Seaview Ct.
Marco Island, FL 34145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: New business - Coin + special
metals trading

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul V. Marino, Pres

Name and Title: Jordan Saunders, V.P.

Address: 140 Seaview Ct.
Marco Island, FL
34145

Address: 140 Seaview Ct.
Marco Island, FL
34145

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
21 JUN 21 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FL

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: Craig J. Canture
Address: 950 N. Collier Blvd. Ste 208
Marco Island, FL 34145

ARTICLE VII INCORPORATOR

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

Name: Paul Marino
Address: 140 Seaview Ct.
Marco Island, FL 34145

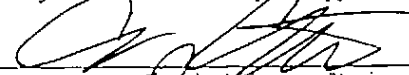
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 15th, 2021 (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
Date 5/28/21

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 V. Marino Required Signature/Incorporator
Date 6-8-21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

21 JUN 21, AM 1:50

FILED