

12/12/22 8:59 AM

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6301

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
Account Number : I20190000062
Phone : (239)850-9451
Fax Number : (866)929-0535

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cranstein@aol.com

FLORIDA PROFIT/NON PROFIT CORPORATION
MARCANNE NAPLES, INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

- 2022 DEC 12 AM 10:17

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: MARANNE NAPLES, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: CRAIG STEINHARTName (Printed or typed)2501 NE 22ND TERRACEAddressFT LAUDERDALE, FL 33305City, State & Zip786-897-3336Daytime Telephone numberCRANSTEIN@AOL.COME-mail address: (to be used for future annual report notification)**NOTE: Please provide the original and one copy of the articles.**

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

ARTICLE I NAMEThe name of the corporation shall be: MARCANNE NAPLES, INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

2464 TAMiami TRAIL E2501 NE 22ND TERRACENAPLES, FL 34112FT LAUDERDALE, FL 33305**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all lawful business**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CRAIG J. STEINHART/PRES

Name and Title: _____

Address

2501 NE 22ND TERRACE

Address: _____

FT LAUDERDALE, FL 33305Name and Title: MARCUS D. WILLIAMS/TRES

Name and Title: _____

Address

308 9TH STREET

Address: _____

LEHIGH ACRES, FL 33972

Name and Title: _____

Name and Title: _____

Address

Address: _____

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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 STEINHART

Address: 2501 NE 22ND TERRACE
FT LAUDERDALE, FL 33305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CRAIG J STEINHART

Address: 2501 NE 22ND TERRACE
FT LAUDERDALE, FL 33305

ARTICLE VIII EFFECTIVE DATE: 12/8/2022

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.)

Notes: 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

[Signature]
Required Signature/Registered Agent

12/8/22
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.

[Signature]
Required Signature/Incorporator

12/8/22
Date

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