

P23000028676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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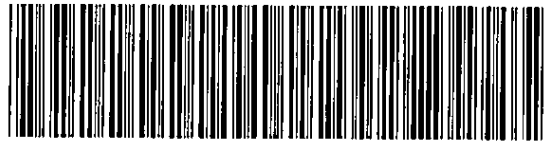
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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COVER LETTER

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

SUBJECT: Marni Roberts 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: Marni Roberts
Name (Printed or typed)

10339 Saint Patrick Lane
Address

Bonita Springs, FL 34135
City, State & Zip

239-398-8530
Daytime Telephone number

Marni.Roberts1@gmail.com
E-mail address: (to be used for future annual report notification)

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

2023 MAR 22 AM 9:48

FILED

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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: Marni Roberts, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
10339 Saint Patrick Lane
Bonita Springs, FL 34135

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Consulting and Pool Construction Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marni Roberts - Pres Name and Title: _____

Address: 10339 Saint Patrick Lane Address: _____
Bonita Springs, FL 34135

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2023 JUN 22 AM 9:49

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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: John Neal Ingram

Address: 1000 Tamiami Tr. N. Ste 503
Naples, FL 34102

ARTICLE VII INCORPORATOR

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

Name: Marni Roberts

Address: 10339 Saint Patrick Lane
Bonita Springs, FL 34135

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:

[Signature]
Required Signature/Registered Agent

2/15/23
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.

Marni Roberts
Required Signature/Incorporator

3/13/23
Date

2023 MAR 22 AM 9:49
CLERK OF COURT
CL

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Address

Bonita Springs, FL 34135
City, State & Zip

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Daytime Telephone number

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Bonita Springs, FL 34135

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2028 Mar 22

AM 9

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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Address: 1000 Tamarine Tr. N. Ste 503
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The **name and address** of the Incorporator is:

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Address: 10339 Saint Patrick Lane
Bonita Springs, FL 34135

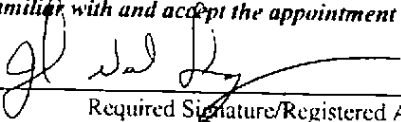
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

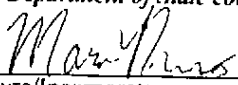
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 Required Signature/Incorporator 3/13/23 Date

2023 MAR 22

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