

P24UUVW25051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

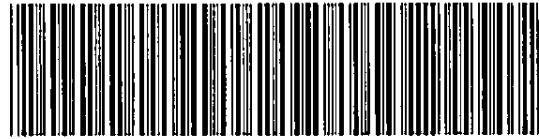
(Business Entity Name)

(Document Number)

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

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Office Use Only



400426909394

FILED  
2024 APR 10 PM 2:52  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 APR 10 PM 1:50  
TALLAHASSEE, FLORIDA

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 04/10/2024

**\*\*WALK IN\*\***

ENTITY NAME Marina Veen Studio Inc.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 70

ACCOUNT # 120140000108  
United Corporate  
Services, Inc.

*Keith Heppard*

Please call Tina at the above number for any issues or concerns. Thank you so much!

## COVER LETTER

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

**SUBJECT:** Marina Veen Studio 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:** Marina Veen  
Name (Printed or typed)  
10412 N Barnsley Dr  
Address  
Parkland, FL, 33076  
City, State & Zip  
Daytime Telephone number  
E-mail address: (to be used for future annual report notification)

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

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: Marina Veen Studio Inc.

**ARTICLE II PRINCIPAL OFFICE**

10412 N Barnsley Dr      Principal street address  
Parkland, FL 33076

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in any lawful act under the laws of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 200 NPV

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

Name and Title:	<u>Marina Veen, Officer</u>	Name and Title:	_____
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Address	<u>10412 N Barnsley Dr</u>	Address:	_____
	<u>Parkland, FL 33076</u>		_____

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

Name and Title:	_____	Name and Title:	_____
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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: Marina Veen \_\_\_\_\_

Address: 10412 N Barnsley Dr \_\_\_\_\_

Parkland, Fl. 33076 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Marina Veen \_\_\_\_\_

Address: 10412 N Barnsley Dr \_\_\_\_\_

Parkland, Fl, 33076 \_\_\_\_\_

**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.*

/s/ Marina Veen

Required Signature/Registered Agent

04/09/2024

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.*

/s/ Marina Veen

Required Signature/Incorporator

04/09/2024

Date