

P95 0000074214

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service _____ Two Day Service _____

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RECEIVED
 SEP 26 PM 12:29
 CIVIL SERVICE

SEP 26 1995

REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____
 DATE _____
 TIME _____ CK No. _____
 BY AAH

WALK-IN Will Pick Up 9:26 ~~10:00~~ 3:00

RE: Marshall Enterprises of
South Florida, Inc.

	C.C. FEE.	DISBURSED
Capital Express**		
<input checked="" type="checkbox"/> Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
(+ Cent. Copy(s))		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing	500881533705	
	-03/26/95-01083-011	
	*****70.00 *****70.00	
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, _____ Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prep.		
FAX () pgs		

SUBTOTALS

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
	\$ _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 25 1965 PM 12:30

**ARTICLES OF INCORPORATION
OF
MARSHALL ENTERPRISES OF SOUTH FLORIDA, INC.**

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

MARSHALL ENTERPRISES OF SOUTH FLORIDA, INC.

The address of the principal office of this corporation shall be 4829 West Bay Villa, Tampa, Florida 33611, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities of business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 7,500 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 4829 West Bay Villa, Tampa, Florida 33611, and the name of the initial registered agent of the corporation at that address is William Christopher Marshall.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have one Director, initially. The name and address of the initial member of the Board of Directors are:

William Christopher Marshall 4929 West Bay Villa
Dir. Tampa, Florida 33611

ARTICLE VII. INCORPORATION

The name and street address of the incorporator to these Articles of Incorporation:

WILLIAM CHRISTOPHER MARSHALL
4829 WEST BAY VILLA
TAMPA, FLORIDA 33611

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal this 21 day of September, 1995.



William Christopher Marshall

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION**

William Christopher Marshall, the incorporator named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.



William Christopher Marshall
Incorporator

95 SEP 26 PM 12:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000074214**

1 Corporation Name

MARSHALL ENTERPRISES OF SOUTH FLORIDA, INC.

FILED

96 NOV -4 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

~~4829 WEST BAY VILLA~~
~~TAMPA FL 33611~~

3830 W. CYPRESS ST.
TAMPA, FL. 33607-4803

Mailing Address

~~4829 WEST BAY VILLA~~
~~TAMPA FL 33611~~

3830 W. CYPRESS ST.
TAMPA, FL. 33607-4803

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

3830 W. CYPRESS ST.

Suite, Apt. #, etc

3 New Mailing Office Address, If Applicable

3830 W. CYPRESS ST.

Suite, Apt. #, etc

4 Date Incorporated or Qualified
To Do Business in Florida

09/26/1995

5 FEI Number

65-0527755

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

SEE Instructions for required
Filing of Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers)

City / State / Zip

1

D.

~~MARSHALL, WILLIAM G.~~

~~4829 WEST BAY VILLA~~

~~TAMPA FL 33611~~

2

BEVERFJORD, JON A.

8639 LEIGHTON DR.

TAMPA, FL. 33614

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-11/08/96--0111--002

*****375.00 ***375.00**

8. Name and Address of Current Registered Agent

MARSHALL, CHRISTOPHER
4829 WEST BAY VILLA
TAMPA FL 33611

NA!

REINSTATEMENT

9. Name and Address of New Registered Agent

Name

JON A. BEVERFJORD

Street Address (P.O. Box Number is Not Acceptable)

8639 LEIGHTON DR.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33614

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

J. A. Beverfjord, Pres.
REGISTERED AGENT MUST SIGN

Date **10-31-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

J. A. Beverfjord, JON A. BEVERFJORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-31-96 (813)-879-4504