# P08000004384

(Requestor's Name)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

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

SUBJECT: MARBLELIFE DISTRIBUTION N.C. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	<u>UDE SUFFIX</u> )	
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: MARBLELIFE DISTRIBUTION INC.  Name (Printed or typed)				
300 NORTHSTAR CT Address				
SANFORD Fr. 3277/				

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

407\_302-9297 Daytime Telephone number



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 11, 2007

MARBLELIFE DISTRIBUTION INC 300 NORTHSTAR CT. SANFORD, FL 32771

SUBJECT: MARBLELIFE DISTRIBUTION INC

Ref. Number: W07000052447

We have received your document for MARBLELIFE DISTRIBUTION INC. However, the document has not been filed and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 607A00062247

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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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: Marblelife Distribution Inc.

#### Article II **Principal Office**

The principal place of business/mailing address is:

300 Northstar Ct. Sanford, Fl. 32771

#### Article III **Purpose**

This corporation is organized for any and all legal purposes.

#### Article IV Shares

The number of authorized shares of stock is 10,000.

#### **Initial Officers and/or Directors** Article V

Title: C

Williams, Gerald E 4412 Enchanted Oaks Dr Arlington, TX. 76016

Title: P

Freitag, John E. 718 Briarcrest Dr. Orange City, Fl. 32763

Title: COO

Mayr, Alan 11229 Sandhill Dr. Grass Lake, Mi. 49240

## Article VI Registered Agent

The name and Florida street address of the Registered Agent is:

John E. Freitag 300 Northstar Ct. Sanford, Fl. 32771

## Article VII Incorporator

The name and address of the Incorporator is:

Gerald E. Williams 4412 Enchanted Oaks Dr. Arlington, Tx. 76016

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/Registered Agent

Signature/Incorporator

Date Date

Date

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