Division of Corporations

P15000018055

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
MARBLE CLINIC CORPORATION

Certificate of Status	0
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COVER LETTER

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

SUBJECT: MARBLE CLINIC CORPORATION
(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 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: JORGE A LOPEZ-ACCOUNTANT ACCT#15423
Name (Printed or typed)

13701 SW 88 STREET SUITE 200A
Address

MIAMI FL 33186
City, State & Zip

305-388-8406
Daytime Telephone number

ACCOUNTINGFINANCIAL@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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: MARBLE CLINIC CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

7700 SW 155 PLACE UNIT 52
MIAMI FL·33193

Mailing address, if different is:

SAME

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY PERMITTED BY THE LAWS OF THI STATE.

ARTICLE IV SHARES 100 SHARES WITH A PAR VALUE OF $1.00 PER SHARE.
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LILIANA QUINTERO-PRESIDENT
Address: 7700 SW 155 PLACE
UNIT 52
MIAMI FL 33193

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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TALLAHASSEE FLORIDA

(cont.)

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: LILIANA QUINTERO

Address: 7700 SW 155 PLACE UNIT 52

MIAMI FL 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LILIANA QUINTERO-PRESIDENT

Address: 7700 SW 155 PLACE UNIT 52

MIAMI FL 33193

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

_____ 02/23/15

Required Signature/Registered Agent 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.

_____ 02/23/15

Required Signature/Incorporator Date

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