

P22000052264

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : AJ ACCOUNTING SERVICES, INC.
Account Number : I20110000092
Phone : (305)448-9584
Fax Number : (305)448-9569

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION MARIUM TRADING CORP

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

2022 JUN 27 AM 1:18

RECEIVED

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COVER LETTER

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

SUBJECT: MARIUM TRADING CORP
(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: MARIUM TRADING CORP
Name (Printed or typed)
255 NW 199TH ST
Address
MIAMI, FL 33169
City, State & Zip
305-448-9584
Daytime Telephone number
JABBOURANDASSOCIATES@GMAIL.COM
E-mail address: (to be used for future annual report notification)

AL
MARIUM TRADING CORP
FL
2022 JUN 27 AM 1:18

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: MARIUM TRADING CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

255 NW 199TH ST
MIAMI, FL 33169

255 NW 199TH ST
MIAMI, FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PALLAB MAJUMDER, PD

Address: 255 NW 199TH ST
MIAMI, FL 33169

Name and Title: MD RAKIBUL ISLAM, VP

Address: 255 NW 199TH ST
MIAMI, FL 33169

Name and Title: MOHAMMAD MOHOSIN, S

Address: 255 NW 199TH ST
MIAMI, FL 33169

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2022
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MIAMI, FL

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: PALLAB MAJUMDER
 Address: 255 NW 199TH ST
MIAMI, FL 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PALLAB MAJUMDER
 Address: 255 NW 199TH ST
MIAMI, FL 33169

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

Pallab Majumder _____ Date 06/27/2022
 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.

Pallab Majumder _____ Date _____
 Required Signature/Incorporator Date

2022 JUN 27 AM 1:10
 MIAMI, FL
 DEPARTMENT OF STATE