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TALLAHASSEE, FLORIDA

MD 3/11

COVER LETTER

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

SUBJECT: Management & Marketing Strategies, 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: Constantin Zaharia
Name (Printed or typed)
4775 Collins Ave. Suite 4003
Address
Miami Beach, FL 33140
City, State & Zip
305 491 2105
Daytime Telephone number
danielaz9261@yahoo.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 Management & Marketing Strategies, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address

6538 Collins Ave.,

Suite 406

Miami Beach, FL. 33141

Mailing address, if different is: _____

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STATE OF FLORIDA

ARTICLE III PURPOSE To provide consulting and management strategies
The purpose for which the corporation is organized is:
and resources, marketing, advertising plans and solutions for the construction and
development industry.

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Constantin Zaharia, President
Address: 4775 Collins Ave.
Suite 4003
Miami Beach, FL. 33140

Name and Title: Constantin Zaharia, Treasurer
Address: 4775 Collins Ave.
Suite 4003
Miami Beach, FL. 33140

Name and Title: Constantin Zaharia, V.P.
Address: 4775 Collins Ave.
Suite 4003
Miami Beach, FL. 33140

Name and Title: _____
Address: _____

Name and Title: Constantin Zaharia, Secretary
Address: 4775 Collins Ave.
Suite 4003
Miami Beach, FL. 33140

Name and Title: _____
Address: _____

(conti.)

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: Constantin Zaharia
Address: 4775 Collins Ave. Suite 4003
Miami Beach, FL 33140

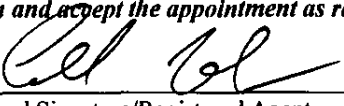
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STATE OF FLORIDA

ARTICLE VII INCORPORATOR

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

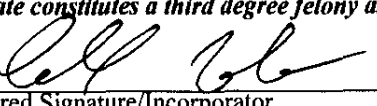
Name: Constantin Zaharia
Address: 4775 Collins Ave. Suite 4003
Miami Beach, FL 33140

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


Required Signature/Registered Agent

03.04.14
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.


Required Signature/Incorporator

03.04.2014
Date