

P14 000026157

(Requestor's Name)

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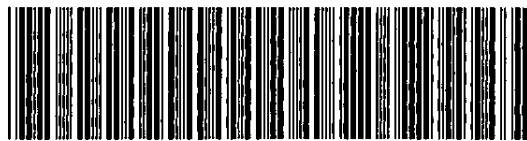
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
14 MAR 24 AM 09:09

~~W4 000026157~~
3/25/14

COVER LETTER

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

MARTESSA MARKETING, INC.

SUBJECT: _____
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee
	& Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

JESUS LEMUEL S. ALVAREZ

FROM: _____
Name (Printed or typed)

718 ST. CROIX COVE

Address

NICEVILLE, FL 32578

City, State & Zip

(850) 582-1780

Daytime Telephone number

jesuslemuel@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2014

JESUS LEMUEL ALVAREZ
718 ST. CROIX COVE
NICEVILLE, FL

SUBJECT: MARTESSA MARKETING, INC.
Ref. Number: W14000013161

We have received your document for MARTESSA MARKETING, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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) 245-6052.

Carol Mustain
Regulatory Specialist II

Letter Number: 714A00004469

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME MARTESSA MARKETING, INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4300 LEGENDARY DRIVE

BUILDING C, SUITE 218, OFFICE 203

DESTIN, FL 32541

ARTICLE III PURPOSE

SALES, MARKETING, AND BROKERAGE

The purpose for which the corporation is organized is: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 26 AM 10:09

ARTICLE IV SHARES 10,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEMUEL R. ALVAREZ
CHAIRMAN

Address: 403 GREENWOOD WAY
NICEVILLE, FL 32578

Name and Title: TERESITA S. ALVAREZ
VICE-CHAIRMAN

Address: 403 GREENWOOD WAY
NICEVILLE, FL 32578

Name and Title: JESUS LEMUEL S. ALVAREZ
VICE-CHAIRMAN + TREASURER

Address: 718 ST. CROIX COVE
NICEVILLE, FL 32578

Name and Title: RAPHAELLE MARTESSA S. ALVAREZ
PRESIDENT + SECRETARY

Address: 2443 ECON CIRCLE, APT 25
ORLANDO, FL 32817

Name and Title: RAYMOND S. ALVAREZ
VICE-PRESIDENT

Address: 596 LOBLOLLY BAY DRIVE
SANTA ROSA BEACH, FL 3245

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: JESUS LEMUEL S. ALVAREZ

Address: 718 ST. CROIX COVE

NICEVILLE, FL 32578

ARTICLE VII INCORPORATOR

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

Name: JESUS LEMUEL S. ALVAREZ

Address: 718 ST. CROIX COVE

NICEVILLE, FL 32578

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

MARCH 10, 2014
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

MARCH 10, 2014
Date