# F1500002687

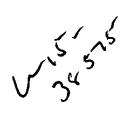
(Red	questor's Name	)			
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificate	es of Status			
Special Instructions to Filing Officer:					

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE: FLORIBA

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### **COVER LETTER**

TO: New Filing Section			
Division of Corp			
SUBJECT: Martin	ez Services, Inc		
	Name of corporat	ion - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence,		for Authorization to Transa standing" and check are sub liness in Florida.	
Please return all correspo	ndence concerning this ma	tter to the following:	
Angela Goral	-	_	
	Name	of Person	
Martinez Servi	ces, Inc.		
	Firm/C	ompany	
1290 Grand Ca	ayman Drive		
	Ad	ldress ·	
Merritt Island, I	FL 32952		
	City/Stat	e and Zip code	
angie.goral@ma	artinezservicesinc	.com	
	E-mail address: (to be use	ed for future annual report i	notification)
For further information co	oncerning this matter, pleas	se call:	
America Correl	204	E44 0646	
Angela Goral		544-3616	····
Name of Person	Are	ea Code & Daytime Teleph	one Number
New Filing Section Division of Corporation Building 2661 Executive C Tallahassee, FL	Center Circle 32301	MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed is a check for th	e following amount:		
□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &



June 2, 2015

ANGELA GORAL 1290 GRAND CAYMAN DRIVE MERRITT ISLAND, FL 32952

SUBJECT: MARTINEZ SERVICES, INC.

Ref. Number: W15000038575

We have received your document for MARTINEZ SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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.

Tim Burch Regulatory Specialist II

Letter Number: 315A00011570

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  "Inc.," "Co.," "Corp," "Inc," "Co." or "Corp.")  Martinez Services East, Inc.  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business.  2. California  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 1290 Grand Cayman Drive		
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business.  2. California (State or country under the law of which it is incorporated)  4. 06/12/2009 (Date of incorporation) (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
2. California (State or country under the law of which it is incorporated)  4. 06/12/2009 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
(State or country under the law of which it is incorporated)  4. O6/12/2009 (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	s in Florida)	
(State or country under the law of which it is incorporated) 4. 06/12/2009 (Date of incorporation)  (Duration: Year corp. will cease to exist or "  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
(Date of incorporation)  (Duration: Year corp. will cease to exist or "  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	(FEI number, if applicable)	
(Date of incorporation)  (Duration: Year corp. will cease to exist or "  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	perpetual")	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
(Principal office address)		
1290 Grand Cayman Drive, Merrit Telent Fl. 329	52	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Angela Goral	T JUN 17 P	
Office Address: 1290 Grand Cayman Drive	S E I	
Merritt Island Florida 32952	1:38 1:38	
(City) (Zip code)		

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Angle Dole (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_ Address: \_ Vice Chairman: \_\_\_\_ Director: **B. OFFICERS** Breann M. Jones Address: 512 Miller Creek Rd San Rafael, CA 94903 Vice President: Angela Goral Address: 1290 Grand Cayman Dr Merritt Island, FL 32952 Secretary: Breann M. Jones Address: 512 Miller Creek Rd, San Rafael, CA 94903 Treasurer: Breann M. Jones Address: 512 Miller Creek Rd, San Rafael, CA 94903 NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Breann M. Jones

## State of California

# Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MARTINEZ SERVICES, INC.

FILE NUMBER: FORMATION DATE: C3214867 06/12/2009

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 19, 2015.

> ALEX PADILLA Secretary of State