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S. FRANKLIN SFP 1 ~ 2022

#### **COVER LETTER**

	Registration Section Division of Corporations			
SUBJE	CT: MARTIN DEVELOPMENT	INC		
SUDJE		of corporation - m	ust include suffix	<del>-</del>
Dear Sir	or Madam:			
"Certific	losed "Application by Foreign Co rate of Existence," or "Certificate ferenced foreign corporation to tr	of Good Standing	g" and check are submit	Business in Florida," ted to register the
Please re	eturn all correspondence concerni	ng this matter to t	he following:	
James M	artin			
		Name of Pers	on	
MARTI	N DEVELOPMENT INC			
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РО ВОХ	( 16709			
		Address		
WILME	NGTON NC 28408			2017
		City/State and 2	Zip code	. :
MRTNJ	MS@AOL.COM			, <u>ب</u>
	E-mail address	: (to be used for f	uture annual report noti	fication)
For furt	her information concerning this m	natter, please call:		fication) P: F: n
JAMES	MARTIN	at ()	443-4456	<b>9</b> ,
	Name of Person	Area Code	Daytime Telephor	ne Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
Please n	d is a check for the following ame take check payable to: FLORIDA D 00 Filing Fee	EPARTMENT OF ng Fee & 🗆 \$7		■ \$87.50 Filing Fee. Certificate of Status & Certified Copy

### 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.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida.  NORTH CAROLINA  3. 56-1952342  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty hability)  110 Spyglass Lane Jupiter Florida 33477  (Principal office street address)  PO Box 16709 Wilmington NC 28408  (Current mailing address, if different)  Name: James Martin  Name: James Martin  Name: Jupiter  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the ple essignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity and I am familiar with and accept the obligations of my position as registered agent.	MARTIN DEVEL				
NORTH CAROLINA  (State or country under the law of which it is incorporated)  December 1995  (Date of incorporation)  (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 hability)  110 Spyglass Lane Jupiter Florida 33477  (Principal office street address)  PO Box 16709 Wilmington NC 28408  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  James Martin  110 Spyglass Lane  Jupiter  (City)  Registered agent's acceptance:  Jupiter  (City)  Registered agent's acceptance:  Juving been named as registered agent and to accept service of process for the above stated corporation at the ple esignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity arriver agree to comply with the provisions of all statutes relative to the proper and complete performance of my to and I am familiar with and accept the obligations of my position as registered agent.	(Enter name of cor	poration; must include "INCORPORATED," p," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
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(Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of duration, if other than perpetual)  (Date of duration, if other than perpetual)  (Principal office street address)  (Current mailing address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  [Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent:  (Current mailing address, if different)  (Current mailing address, if different)  (Current mailing address, if different)  Name and street address of Florida registered agent:  (Current mailing address, if different)  (Current mailing address)  (Current mailing address, if different)  (Current mailing add					
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Name:    Name:   James Martin	PO Box 16709 W		_		
Name:    Spyglass Lane   110 Spyglass Lane   1		(Current maili	ng address, if different)		
Name:    Jupiter   Florida   33477   Position   Florida   Graph   Florida					
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	nd I am familiar	with and accept the obligations of my p	oshion as registerea agem.		
(Registered agent's signature)		James W. 7.	Martin	_	
(Registered agent's signature)		(Registered agent's	signature)		
0. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application of the delivery of this application.	in Amadadisa	certificate of existence duly authenticated	l, not more than 90 days prior to deliv	ery of this applicatio	

11 For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

#### A. DIRECTORS Name: James Martin □ Chairman Name: \_\_\_\_\_ □ Chairman 110 Spyglass Ln □ Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman Jupiter Florida 33477 □ Director □Director □President President ☐ Vice President □Vice President \_\_\_\_\_ □ Secretary ☐ Treasurer ☐Treasurer □ Secretary Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ □ Chairman Address: \_\_\_\_\_ ☐ Vice Chairman ☐ Vice Chairman Address: \_\_\_\_\_\_ Director □Director □President President ☐ Vice President □Vice President ☐ Treasurer □Secretary ☐ Treasurer ☐ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman Name: □Chairman □Vice Chai⊓nan Address: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_\_ □ Director Director □President □President □Vice President □Vice President \_\_\_\_\_ □Secretary Treasurer ☐Treasurer □ Secretary ☐Other \_\_\_\_\_ Other \_\_\_\_\_ □ Other \_\_\_\_\_ Other Important Notice. Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when fifing your Florida Department of State Annual Report form. 12 James W. Martin Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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.

(Typed or printed name and capacity of person signing application)

James Martin President



## NORTH CAROLINA Department of the Secretary of State

#### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### MARTIN DEVELOPMENT, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 6th day of December, 1995, with its period of duration being Perpetual.

articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of May, 2022.

Elaine I Marshall

Secretary of State