

P01000082217

TRANSMITTAL LETTER

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

FILED
01 AUG 20 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR ST. A. INC.

SUBJECT: _____

(Proposed corporate name - must include suffix)

400004542974--9
-08/20/01--01123--002
*****78.75 *****78.75

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: MARIA WEDDERBURN
Name (Printed or typed)

5990 Kenlyn Court
Address

Orlando, FL 32808
City, State & Zip

407-523-7607

Daytime Telephone number

F. CHESMAN

AUG 21 2001

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MAR ST. A. INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5990 Kenlyn Court
Orlando, Florida 32808

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

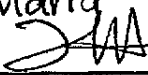
The name and Florida street address of the initial registered agent are:

Robert Wedderburn
5990 Kenlyn Court
Orlando, Florida 32808

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Robert Wedderburn 5990 Kenlyn Court
Maria Wedderburn Orlando, Florida 32808

Maria Wedderburn


Signature/Incorporator /Registered Agent

08/18/01

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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