

POB0000014854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

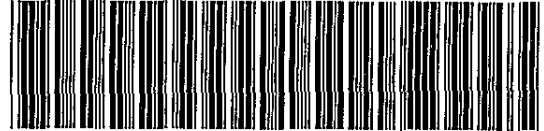
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2003 JAN 31 AM 10:30

ef 2/7/03

TRANSMITTAL LETTER

FILED

2003 JAN 31 AM 10:30

STATE  
TALLAHASSEE FLORIDA

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

SUBJECT: NATIONAL MARKETING TEAM 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: ROBERTO FIGUEROA  
Name (Printed or typed)

PO BOX 26491  
Address

TAMPA FL 33623  
City, State & Zip

813 232 5264  
Daytime Telephone number

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)

**FILED**

2003 JAN 31 AM 10:30

CLERK OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

National Marketing Team Inc.

**ARTICLE II PRINCIPLE OFFICE**

The principal place of business/ mailing address is:

3120 E. Hillsborough Ave  
Tampa, FL 33610

PO Box 26491  
Tampa, FL 33623

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Distribution of miscellaneous products

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000

**ARTICLE V INITIAL OFFICERS/ DIRECTORS (optional)**

The name(s), address(es) and title(s):

**ARTICLE VI REGISTERED AGENT**

The name and Florida Street address of the registered agent is:

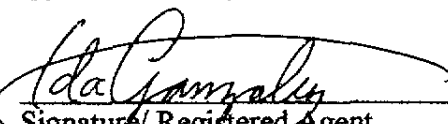
Ida Gonzalez  
7306 Brookview Circle  
Tampa, FL 33634

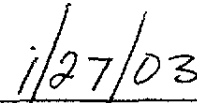
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

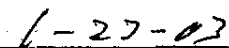
Roberto Figueredo-President, Treasurer, & Secretary  
3120 E. Hillsborough Ave  
Tampa, FL 33610

*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.*

  
\_\_\_\_\_  
Signature/ Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/ Incorporator

  
\_\_\_\_\_  
Date