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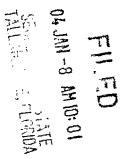
| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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TRANSMITTAL LETTER

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

| SUBJECT: Mari | o Martinez Corp. | | |
|-----------------------------|--|--|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INC</u> L | <u>udrisuerixi</u> |
| Enclosed are an orig | ginal and one (1) copy of the artic | cles of incorporation and | l a check for: |
| \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM: M | lario E Martinez | | - <u>-</u> |
| | Name | (Printed or typed) | |
| 410 Silver Oaks Lane | | | |
| | 1 | Address | |
| Altamonte Springs, FL 32701 | | | : Two |
| | City, | State & Zip | |
| | 407-474-4346 | | · - ·- · |
| : | Daytime T | elephone 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

04 JAN -8 AM 10:01

SECKLIANT TO STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Mario Martinez Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 410 Silver Oaks Lane ALtamonte Springs, FL 32701

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Fence Installation

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Mario Martinez, 410 Silver Oaks Lane, Altamonte Springs, FL 32701, President Mary Martinez, 410 Silver Oaks Lane, Altamonte Springs, FL 32701, Vice President

ARTICLE VI REGISTERED AGENT

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

Mary Martinez, 410 Silver Oaks Lane, Altamonte Springs, FL 32701

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mario Martinez, 410 Silver Oaks Lane, Altamonte Springs, FL 32701, President

| **************** | ************* |
|---|---------------|
| Having been named as registered agent to accept service of process for the above certificate, I am familiar with and accept the appointment as registered agent and | |
| O home of my | 01/06/2004 |
| Signature/Registered Agent | Date |
| daisolate | 01/06/2004 |
| Signature/Incorporator | Date |