

P04000/65578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

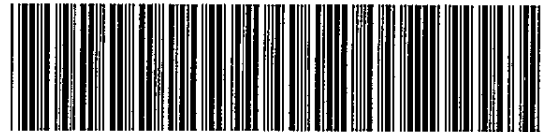
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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01/12/9

## TRANSMITTAL LETTER

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

**SUBJECT:** MARSAR GOODS 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:** MARSAR GOODS INC

\_\_\_\_\_  
Name (Printed or typed)

2203 MALLARD RD

\_\_\_\_\_  
Address

MIDDLEBURG, FL 32068

\_\_\_\_\_  
City, State & Zip

904-291-8992

\_\_\_\_\_  
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)

### ARTICLE I NAME

The name of the corporation shall be:

MARSAR GOODS INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:  
2203 MALLARD RD MIDDLEBURG, FL 32068

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
INTERNET SALES

### 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):  
MARLON MARTINEZ PRESIDENT  
SARA MARTINEZ SECRETARY

### ARTICLE VI REGISTERED AGENT


The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
MARLON MARTINEZ 3663 SW 8TH ST STE 203 MIAMI, FL 33135

### ARTICLE VII INCORPORATOR

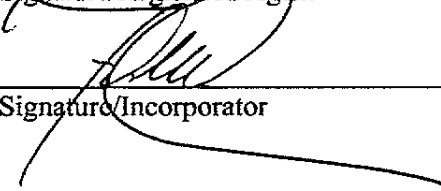
The name and address of the Incorporator is:  
MARLON MARTINEZ 2203 MALLARD RD MIDDLEBURG, FL 32068

\*\*\*\*\*

*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

12-01-04  
\_\_\_\_\_  
Date

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

12-01-04  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA