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DIVISION 23 AN 9: 24

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: Marinaro Insurance, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an original and one (1) copy of the article \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status		check for: \$87.50 Filing Fee, Certified Copy			
	ADDITIONAL COPY	& Certificate of Status Y REQUIRED	i		
FROM: M.J. Marinaro Insurare	nce Services (Printed or typed)	Inc. dba	Suretek & Associates Inc		
17635 Esprit D					
Tampa, FL 336 City, 1 (813) 943-7710 Daytime To	4/7 State & Zip				
7 6/3 / 77 5 7 7 Daytime To	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)	DIVISIONET CHE
ARTICLE 1 NAME The name of the corporation shall be: MARINARO INSURANCE, INC.	06 JAN 23 AH
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
17635 ESPRIT DRIVE TAMPA, FL 33647 ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: PROFIT - Insulance	
Agency ARTICLE IV SHARES The number of shares of stock is:	
100	
List name(s), address(es) and specific title(s):	
Michael J. Marinaro, Tr Prosident 17635 ESPRIT DRIVE TAMPA, FL 33647	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is	s:
Michael J. Marinaro, Jr. 17635 EgpRit DRIVE TAMPA, FL 33647 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Michael J. Marinaro, Jr. 11635 ESPRIT DRIVE TAMPA, FL 33647	******

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

/ Manus	01-16-06
Signature/Registered Agent	Date
Marin De la company	01-16-05
Signature/Incorporator	Date