

P06000016782

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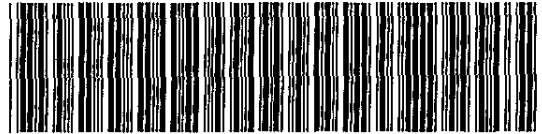
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB -3 PM 1:13

W06-3753

COVER LETTER

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

SUBJECT: MAM CORPORATION
(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: CHRISTIANE MARTINEZ
Name (Printed or typed)

45 MADEIRA AVENUE
Address APARTMENT 4

CORAL GABLES, FLORIDA 33134
City, State & Zip

(786) 302-2444
Daytime Telephone number

PH - 305 285-9331
786 302-2444

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2006

CHRISTIANE MARTINEZ
45 MADEIRA AVENUE APT 4
CORAL GABLES, FL 33134

SUBJECT: MAM CORPORATION
Ref. Number: W06000003753

We have received your document for MAM CORPORATION and your check(s) totaling \$148.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 906A00005435

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:

~~ART~~ CORPORATION
BOWENFANT CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

45 MADEIRA AVENUE, APARTMENT 4
CORAL GABLES, FLORIDA 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUILDING LEASING; MAINTENANCE

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):

CHRISTIANE MARTINEZ (President)
ROLIANDE B. MARTINEZ (Vice-President)
CLAIRE GONZALEZ MARTINEZ (Trustee)

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CHRISTIANE MARTINEZ
45 MADEIRA AVE, APARTMENT 4
CORAL GABLES FLORIDA 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHRISTIANE MARTINEZ
45 MADEIRA AVENUE, APT 4
CORAL GABLES, FL 33134

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

Christiane Martinez
Signature/Registered Agent

1-16-06
Date

Christiane Martinez
Signature/Incorporator

1-16-06
Date

FILED
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DIVISION OF CORPORATIONS
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