

PD 6 0000 777 76

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

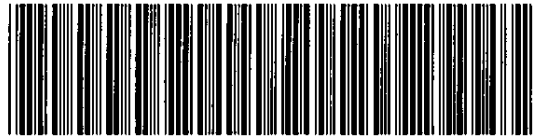
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06 JUN -5 AM 7:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. WHITE JUN -7 2006

## COVER LETTER

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

**SUBJECT: MARLON RIVERA, 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  
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: MELINDA MCALEES**

Name (Printed or typed)

**PO BOX 707**

Address

**OLDSMAR, FL 34677**

City, State & Zip

**813-818-4788**

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

06 JUN -5 AM 7:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

MARLON RIVERA, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

PO BOX 707  
OLDSMAR, FL 34677

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 SHARES/ PAR VALUE OF \$1.00 PER SHARE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

MARLON RIVERA  
10715 GLENN ELLEN DR.  
TAMPA, FL 33624

**ARTICLE VI REGISTERED AGENT**

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

MARLON RIVERA  
10715 GLENN ELLEN DR.  
TAMPA, FL 33624

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MARLON RIVERA  
10715 GLENN ELLEN DR.  
TAMPA, FL 33624

\*\*\*\*\*

*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*

x Marlon Rivera  
Signature/Registered Agent

5-31-06

Date

x Marlon Rivera  
Signature/Incorporator

5-31-06

Date