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COVER_LETTER Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Corporation SUBJECT: Enclosed are an original and one (1) copy of the articles of incorporation and a check for: **\$70.00** i 1\$78.75 **\$78.75** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Todd R. Cimmino Name (Printed or typed) FROM: P.O. Box 15411 Address Tullahassee, Fr 32317 City, State & Zip 850 - 345 - 7002 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:

Marsalvor - Corporation ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: P.D. BOX 15411 Tallahassee, FL 32317 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Profitable Rusiness SHARES ARTICLE-IV-The number of shares of stock is: 100 **INITIAL OFFICERS AND/OR DIRECTORS** ARTICLE V List name(s), address(es) and specific title(s): Todd R. Cimmino president. ARTICLE VI **REGISTERED AGENT** The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Todd R. Cimming 2644. State Corrections Vel, Marianne 32428 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: R. Cimmina Todd

P.O. Box 15411 TAllahassee, FC 32317

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

Signature/Incorporator