

P09000003696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Mrs. Fiorello GAVE:

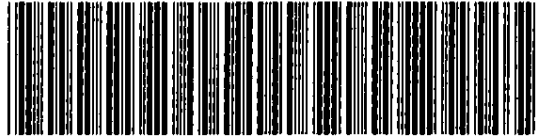
AUTHORIZATION BY PHONE TO

CORRECT Name

DATE 1/14/09

DOC. EXAM VH

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400139465754

01/07/09--01008--011 **78.75

09 JAN 14 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: MARA 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: MARA Fiorello
Name (Printed or typed)

20970-4 Via Azalea
Address

Boca Raton, FL 33428
City, State & Zip

561- 558- 0093
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2009

MARA FIORELLO
20970-4 VIA AZALEA
BOCA RATON, FL 33428

SUBJECT: MARA INC.
Ref. Number: W09000001359

We have received your document for MARA INC. and your check(s) totaling \$78.75. 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 corrected 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 809A00001025

APPROVED
AND
FILED

09 JAN 14 PM 3: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

SOGNARE INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

20970-4 Via Azalea
Boca Raton, FL 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Customer Service

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARA Fiorello (President)
20970-4 Via Azalea
Boca Raton, FL 33428

ARTICLE VI REGISTERED AGENT

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

MARA Fiorello
20970-4 Via Azalea
Boca Raton, FL 33428

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARA Fiorello
20970-4 Via Azalea
Boca Raton, FL 33428

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

Mara Fiorello

Signature/Registered Agent

Mara Fiorello

Signature/Incorporator

1-5-09

Date

1-5-09

Date