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(Requestor's Name)

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☐ PICK-UP

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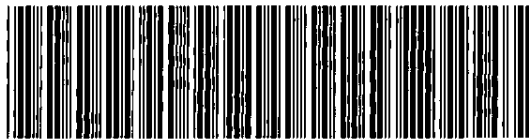
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W10000007601  
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## COVER LETTER

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

**SUBJECT:** Marin Palms, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Marin Palms, Inc.

Name (Printed or typed)

18971 SW 311 ST

Address

Homestead, FL 33030

City, State & Zip

305-242-0595

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2010

MARIN PALMS, INC.  
18971 SW 311 ST  
HOMESTEAD, FL 33030

*email address: MarinPalms@gmail.com*

SUBJECT: MARIN PALMS, INC.  
Ref. Number: W10000007601

We have received your document for MARIN PALMS, 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please provide us with an email address for this business entity. The Division of Corporations sends important reminders and notices to those business entities that have provided our office with an email address. Make sure your entity receives these helpful communications by providing our office with an active email address.

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) 245-6869.

Christine Haney  
Senior Clerk  
New Filing Section

Letter Number: 510A00003735

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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: *Marin Palms, Inc.*

## ARTICLE II PRINCIPAL OFFICE

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

Street Address: *39505 SW 210 AVE.*  
*Florida City, FL.*

mailing address: *18971 SW 311st*  
*Homestead, FL*  
*33030*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Nursery: To sale Palms & Nursery Material*

## ARTICLE IV SHARES

The number of shares of stock is: *100 shares of common stock @ \$1.00/value.*

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): *Jose A. Fernandez Jr.*  
*18971 SW 311 ST*  
*Homestead, FL 33030.*

## ARTICLE VI REGISTERED AGENT

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

*Jose A. Fernandez Jr.*  
*18971 SW 311 ST*  
*Homestead, FL 33030.*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: *Jose A. Fernandez*  
*18971 SW 311 ST*  
*Homestead, FL 33030*

\*\*\*\*\*  
*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

*2/19/2010*  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

*2/19/2010*  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 FEB 22 PM 4:48

FILED