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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT:	Martin Global Solutions, Inc.		
Enclosed are an or	(PROPOSED CORPORA	Cles of incorporation and	
\$70.00 Filing Fee	☑ \$78.75	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Barbara Martin Name (Printed or typed)		
	6827 Apache Junction Address		
	Keystone Heights, FL 32656 City, State & Zip		
	352-473-9891 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:

Martin Global Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6827 Apache Junction Keystone Heights, FL 32656

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Barbara Martin- President 6827 Apache Junction Keystone Heights, FL 32656

ARTICLE VI REGISTERED AGENT

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

Corporation Service Company 1201 Hays Street Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Barbara Martin 6827 Apache Junction Keystone Heights, FL 32656

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

amont W Jones, Assistant VF

Signature/Registered Agent

Signature/Incorporator

Date

Date