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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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COVER LETTER

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

SUBJECT: Marx Po	ols Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
rnova Ma	rk Caretanean		
FROM: Mai	rk Carstensen Name	(Printed or typed)	
612	Widow Bartly Drive	Address	
<u>Orla</u>	ndo FL 32828-9021 City,	State & Zip	
407-	712-5903	elephone number	····
<u>Grea</u>	attom@aol.com E-mail address: (to be used		notification)

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:

Marx Pools Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 612 Widow Bartly Drive

Orlando FL 32828-9021

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All legal business in the State of Florida.



<u>ARTICLE IV SHARES</u>

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mark Carstensen 612 Widow

Orlando, FL

Bartly Drive

32828-9021

ARTICLE VI REGISTERED AGENT

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

Mark Carstensen

612 Widow Bartly Drive

Orlando FL 32828-9021

ARTICLE VII INCORPORATOR

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

Mark Carstensen

612 Widow Bartly Drive

Orlando FL 32828-9021

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

Mol ControlG-2-10Signature/Registered AgentDateMol ControlG-2-10Signature/IncorporatorDate