

(Red	(Requestor's Name)				
(Add	(Address)				
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(City	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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(Doc	cument Number)				
Certified Copies	Certificates	of Status			
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Special Instructions to Filing Officer:					
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November 10, 2010

MIGUEL MARTINEZ 3511 SW 139 CT MIAMI, FL 33175

SUBJECT: FIBER TECH MARINE CORPORATION

Ref. Number: W10000052727

We have received your document for FIBER TECH MARINE CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith Regulatory Specialist II New Filing Section

Letter Number: 110A00026483

## **COVER LETTER**

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

SUBJECT:	FIBER TECH M	PARINE CORPO	RATION)
	(PROPOSED CORPO	DRATE NAME – <u>MUST INCI</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the	articles of incorporation and	d 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 CO	JPY REQUIRED
	• • • • • • • • • • • • • • • • • • • •		
FROM: _	MIGUEL	MARTINEZ ame (Printed or typed)	
	3511 5	3W 139 C	f
	Miam	Address  flag 3  City, State & Zip	3175
_	305-3	582 - 3544 ne Telephone number	<i></i>
	•	used for future annual report	notification)
	L-man address. (10 0c	asea for fatare annual report	notinoun)

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)

The name of the co	NAME rporation shall be: FIBER TECH	MARINE CORP.	DRATION)
	PRINCIPAL OFFICE	. ,,,,=,,,,	
-	3767 NW 50 St. MIAMI, Fla 33142		ddress, if different is: 139 ct. mi, 419 33175
ARTICLE III	PURPOSE		
The purpose for wl	hich the corporation is organized is:	,	
	Now	Busines	<i>1</i> )
ARTICLE IV The number of shar	SHARES es of stock is:		
	INITIAL OFFICERS AND/OR DIRECTOR  THE MIGUEL MARTINEZ  3511 SW 139 CF.  MIAMI, Flg. 33175	Name and Title: P	resident Sauc
Name and Tit Address:	11e: BOSA MARTINEZ 3511 SW 139 Cfi MIAMI Fla 33175	Name and Title: V.S	P. ≤awl
Name and Tit Address:	tle:	Name and Title:Address:	
	REGISTERED AGENT  rida street address (P.O. Box NOT, acceptable)  Manual	of the registered agent is:	FILE C SECHETARY OF
	INCORPORATOR  ress of the Incorporator is:  MIGUEL HARHINEZ  35 N SW 139 Ch  Kusini, Ka 33175		STAIL O
	d as registered agent to accept service of process familiar with and accept the appointment assess.	egistered agent and agree to a	
	Required Signature/Registered Agent/1	ncorporator	Leate
	ment and affirm that the facts stated herein a partment of State constitutes a third degree felo		

Date

Required Signature/Incorporator