# P10000099251

(Re	questor's Name)			
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Special Instructions to Filing Officer:				



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SECRETARY OF STATE
TALL AHASSEE FI ORION

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# **COVER LETTER**

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

RORATION	
TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
cles of incorporation an	d a check for:
\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL C	OPY REQUIRED
(Printed or typed)	
Address	
07 State & Zip	
elephone number	
HOO.COM d for future annual repor	t notification)
	cles of incorporation an  \$78.75 Filing Fee & Certified Copy  ADDITIONAL Company  (Printed or typed)  Address  O7 State & Zip  elephone number

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2010

JUAN C LEYVA 2305 N. STERLING AVE. TAMPA, FL 33607

SUBJECT: THE MARATUNA CORPORATION

Ref. Number: W1000054445

We have received your document for THE MARATUNA 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2011 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

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) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 510A00027252

www.sunbiz.org

District of Commentions D.O. DOV 6207 Well-basses Florida 2021

			<b>/~</b>	
	ARTICLES OF IN	CORPORATION	F/1 ==	
	In compliance with Chapter 607 a	and/or Chapter 621, F.S. (Profit)	FILED	
ARTICLE I The name of the	NAME THE MARATUNA SE corporation shall be:	ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)  THE MARATUNA SERVICES CORPORATION Il be:  **AL OFFICE**  **Bal street** address**  Mailing address, if different is:  **ALOFFICE**  **ALOFFICE**  **ALOFFICE**  **ALOFFICE**  **ALOFFICE**  **ALOFFICE**  **ALOFFICE**  **Alling address, if different is:  **ALOFFICE**  **ALOFFI		
ARTICLE II	PRINCIPAL OFFICE	- 1.	MHASSEE FISTATE	
	Principal <u>street</u> address 2305 N. STERLING AVE	Mailing address, if dit 2305 N. STERLING AVE	ferent is:	
	TAMPA, FLORIDA, 33607	TAMPA, FLORIDA, 3360		
	PURPOSE			
The purpose for THIS COR	r which the corporation is organized is: PORATION SHALL ENGAGE IN AN	ACTIVITY OR BUSINESS PE	RMITTED	
	HE LAWS PF THE UNITED STATES			
ARTICLE IV	SHARES			
The number of s	shares of stock is: 500 AT EQUAL PART, HA	VING THE PAR VALUE OF ONE	(1) DOLLAR EACH	
ARTICLE V				
	Title: JUAN C. LEYVA; PRESIDENT			
Address:	2305 N. STERLING AVE TAMPA, FLORIDA, 33607			
Name and	d Title:	Name and Title:		
Address:		Address:		
	d Title:	Name and Title:	····	
Address:		Address:		
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	a) of the registered agent is:		
Name:	JUAN C. LEYVA			
Address:	2305 N. STERLING AVE	<del></del>		
	TAMPA, FLORIDA 33607	<del></del>		
ARTICLE VI	I INCORPORATOR			
	address of the Incorporator is:			
Name:	JUAN C. LEYVA			
Address:	2305 N. STERLING AVE TAMPA, FLORIDA, 33607			
			tt	
	named as registered agent to accept service of pro I am familiar with and accept the appointment as			
inis cerigicule,	Tum jumunur wan and acceptate appointment as		4	
		12	2/2/2010	
	Required Signature/Registered Agent		Date	
I submit this a	locument and affirm that the facts stated herein	are true. I am aware that the false infor	mation submitted in a	
	e Department of State constitutes a third degree fe			
	06X		10/0/000	
	Page 1 Sanatura (Incorporator		2/2/2010	