

P11000004200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

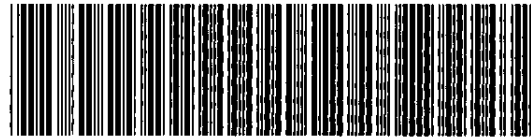
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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01/10/11--01019--009 \*\*78.75

RECEIVED OF STATE  
TALLAHASSEE, FLORIDA

11 JAN 10 AM 7:53

APPROVED  
FILED

1/11

## COVER LETTER

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

SUBJECT: M R M Capital 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 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 COPY REQUIRED**

FROM: Marisol Marrero

Name (Printed or typed)

21340 NE 8th CT

Address

Miami, FL 33179

City, State & Zip

(786) 972-6502

Daytime Telephone number

marisolum@gmail.com

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

RECEIVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: M R M Capital Inc.

11 JAN 10 AM 7:53

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
21340 NE 8th CT  
Miami, FL 33179

Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any activity or business permitted under the laws of the United States and the State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares at \$5.00 par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Marisol Marrero President  
Address: 21340 NE 8th CT  
Miami, FL 33179

Name and Title: Renier Martinez Vice President  
Address: 21340 NE 8th CT  
Miami, FL 33179

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

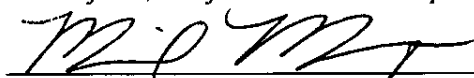
Name: Marisol Marrero  
Address: 21340 NE 8th CT  
Miami, FL 33179

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marisol Marrero  
Address: 21340 NE 8th CT  
Miami, FL 33179

*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*



Required Signature/Registered Agent

January 6, 2011

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

January 6, 2011

Date