

P11000011086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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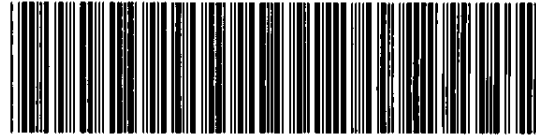
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/2/11

COVER LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: MARS MARINE TRANSPORT 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: GEORGE MARFO
Name (Printed or typed)

320 Villa Sorrento Circle
Address

Hamie city FL 33880
City, State & Zip

863-258 8586
Daytime Telephone number

~~mars~~ Marsmarinetransport@hotmail.com
E-mail address: (to be used for future annual report notification)

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

1 GEORGE MARFO RWillnot

Reinstate Mors Marine Transport Inc

PO 5000073675

George Marfo

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: **MARS MARINE TRANSPORT INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
320 VILLA SORRENTO CIRCLE
HAINES CITY
FL 33844

Mailing address, if different is:

320 VILLA SORRENTO CIRCLE
HAINES CITY
FL 33844

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any Awaful Business

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **GEORGE MARFO**
Address: **320 VILLA SORRENTO CIRCLE**
HAINES CITY FL 33844

Name and Title: **GEORGE MARFO**
Address: **320 VILLA SORRENTO CIRCLE**
HAINES CITY FL 33844

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: **GEORGE MARFO**
Address: **320 VILLA SORRENTO CIRCLE**
HAINES CITY FL 33844

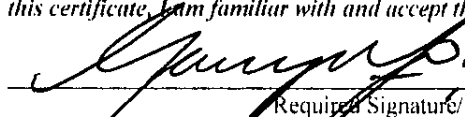
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **MARS MARINE TRANSPORT INC**
Address: **320 VILLA SORRENTO CIRCLE**
HAINES CITY FL 33844

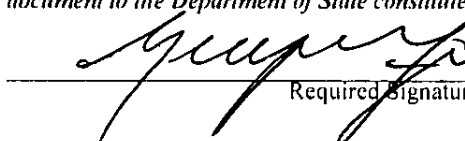
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2/2/11
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

2/2/11
Date