P11000013687

(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ity/State/Zip/Phone #	7)			
PICK-UP	MAIT WAIT	MAIL			
	usiness Entity Name)			
(De	ocument Number)				
Certified Copies	Certificates o	f Status			
Special Instructions to Filing Officer:					
Office Use Only					



200193604192

02/08/11--01036--009 **87.50

2011 FEB -8 PN 4: 4

COVER LETTER

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

SUBJECT: OK Marketplace, Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	OPY REQUIRED
FROM: Stanley F. Allina	e (Printed or typed)	
1349 South Killian Drive	Address	
Lake Park, Florida 3340 City,	Nate & Zip	
561-848-7756 Daytime To	elephone number	
sales@okmarketplace.co	om d 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)

ARTICLE II	PRINCIPAL OFFICE			
	Principal street address		Mailing address	s, if different is:
1	1349 South Killian Drive			
L	ake Park, Florida 33403	_		
-				
ARTICLE III				
The purpose for w	which the corporation is organized is:	ملئني مامني		: 4b4i1
sale of goods	egally and lawfully in the State of F is to residential, commercial and inc	ductrial ma	a strong emphas	****
sale of goods	s to residential, commercial and in	uusiilai iila	irkeis.	
				## 6
ARTICLE IV	SHARES			- 0
	res of stock is: 500			
	INITIAL OFFICERS AND/OR DIRECT		1.77.1	
Name and 11 Address:	itie:Stanley F. Allina, President 1349 South Killian Drive	Name a	ind Title:	
Addicss,	Lake Park, Florida 33403	Address		
M 1 T			1.77.1	·
Name and 11 Address:	tle:			
ruaross.				
N 4 m:	at	27		
Name and 11 Address:	tle:			
Address.				
ARTICLE VI	REGISTERED AGENT			
The name and Flo	rida street address (P.O. Box NOT acceptabl	e) of the registe	ered agent is:	
Name:	Stanley F. Allina		J	
Address:	1349 South Killian Drive			
	Lake Park, Florida 33403			
ARTICLE VII	INCORPORATOR			
The <u>name and add</u>	tress of the Incorporator is:			
Name:	Stanley F. Allina			
Address:	1349 South Killian Drive			
	Lake Park, Florida 33403			
Having been name	ed as registered agent to accept service of pro	ocess for the a	above stated corporation	n at the place designated in
	n fam <u>iliar</u> with and accept the appointment as			
A.	1/-1 (1/1)			
Starley	1 (Whi		2	2/4/11
/	Required Signature/Registered Agent			Date
I submit this Hoom	ment and affirm that the facts stated herein	are true. Lan	n aware that the false	information submitted in a
	epartme <u>nt of State</u> constitutes a third degree fe			
At			g	
Alla. Voi	T / Min			2/4/11
Sir War	Required Signature/Incorporator			Date