

P11 0000 17667

(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



900193958639

02/22/11--01002--002 **87.50

RECEIVED

11 FEB 22 AM 8:32

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 FEB 22 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/22/11

COVER LETTER

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

SUBJECT: MARTINO MOTORSPORTS 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: JOSEPH PAUL MARTINO
Name (Printed or typed)
10162 115TH AVE N.
Address
LARGO FLORIDA 33773
City, State & Zip
727 365-6672
Daytime Telephone number
X
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB 22 AM 8:41

FILED

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 I NAME

The name of the corporation shall be: **MARTINO MOTORSPORTS INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

MARTINO MOTORSPORTS INC
JOSEPH P. MARTINO
10162 115TH AVE NORTH LARGO FL

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PRESIDENT JOSEPH P. MARTINO**

Address: **10162 115TH AVE NORTH**
LARGO FL 33772

Name and Title:

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: **JOSEPH P. MARTINO**

Address: **10162 115TH AVE NORTH**
LARGO FL 33773

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **JOSEPH P. MARTINO**

Address: **10162 115 AVE NORTH**
LARGO FL 33773

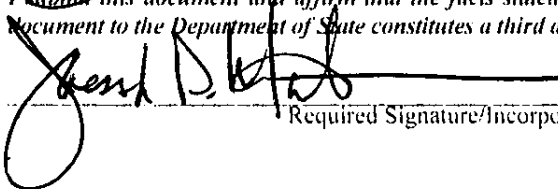
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

2/22/11

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

2/22/11

Date