

P11000024752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

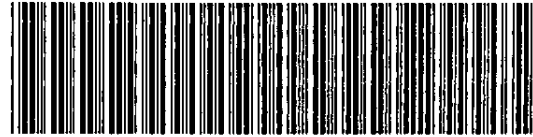
(Business Entity Name)

(Document Number)

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FILED
11 MAR 10 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 3/14/11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 MAR 10 AM 9:54
DIVISION OF CORPORATIONS

February 15, 2011

IDALIA I MARTINEZ
5379 CATTS ST
NAPLES, FL 34113

SUBJECT: MARTINEZ SERVICES INC.
Ref. Number: W11000009119

We have received your document for MARTINEZ SERVICES INC. and your check(s) totaling \$78.75. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 811A00003938

COVER LETTER

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

SUBJECT:

Lala Martinez Services Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM:

Idalia Martinez

Name (Printed or typed)

5379 Catts St

Address

Naples, FL, 34113

City, State & Zip

(239) 234-9027

Daytime Telephone number

Badrodriguez2000@yahoo.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)

ARTICLE I NAME

The name of the corporation shall be:

Laha Martinez Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5379 CATTIS ST Apt 1
Naples FL 34113

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PERSONAL / CLEANING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Address:

Name and Title:

Address:

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:

Address:

Idalia I Martinez
5379 CATTIS ST Apt 1
Naples FL 34113

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Idalia I Martinez
5379 CATTIS ST Apt 1
Naples FL 34113

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

 Idalia I Martinez
Required Signature/Registered Agent

2/6/2011
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

2/6/2011
Date

FILED
MAR 10 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA