

P11000094257

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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W11-11M  
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2011 OCT 27 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch OCT 28 2011

## COVER LETTER

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

SUBJECT: MARAP TRADING, 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  
    PAID ALREADY

☐ \$78.75 Filing Fee  
    & Certified Copy  
☐ \$87.50 Filing Fee,  
    Certified Copy  
    & Certificate of  
    Status  
**ADDITIONAL COPY REQUIRED**

FROM: MARKUS RITAMAKI  
                    Name (Printed or typed)  
5469 GRANDE PALM CIR.  
                    Address  
DELRAY BEACH, FL 33484  
                    City, State & Zip  
561 252 6451  
                    Daytime Telephone number  
markus 477 @ y2h00.com  
                    E-mail address: (to be used for future annual report notification)

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



-RECEIVED

11 OCT 27 AM 11:01

DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 26, 2011

MARKUS RITAMAKI  
5469 GRANDE PALM CIR  
DELRAY BEACH, FL 33484

SUBJECT: MAR INC.  
Ref. Number: W11000049570

We have received your document for MAR 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.**

*Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.*

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 811A00022135

**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: MARAP TRADING, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

MARKUS RITAMAKI  
5469 GRANDE PALM CIR.  
DELRAY BEACH, FL 33484

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

GENERAL EXPORTING, (MOSTLY CAR/MOTORCYCLE PARTS) TO EUROPE

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: MARKUS RITAMAKI / OPERATIONAL  
Address: OFFICER  
5469 GRANDE PALM CIR  
DELRAY BEACH, FL 33484

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

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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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: MARKUS RITAMAKI  
Address: 5469 GRANDE PALM CIR  
DELRAY BEACH, FL 33484

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARKUS RITAMAKI  
Address: 5469 GRANDE PALM CIR  
DELRAY BEACH, FL 33484

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

MARKUS RITAMAKI / MARKUS RITAMAKI

Required Signature/Registered Agent

10/20/2011  
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.

MARKUS RITAMAKI / MARKUS RITAMAKI

Required Signature/Incorporator

10/20/2011  
Date

FILED  
2011 OCT 27 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA