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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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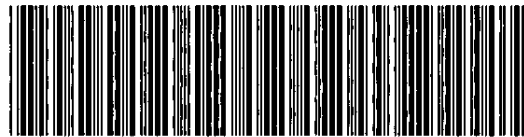
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 MAY -2 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
5/3/12

COVER LETTER

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

SUBJECT: Marteletech Industries, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Shawn Martel

Name (Printed or typed)

605 King Street Suite B

Address

Nokomis, Florida 34275

City, State & Zip

941 926-5205

Daytime Telephone number

marteletechindustriesinc@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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME Marteletch Industries, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address

605 King St. Suite B
Nokomis, Florida 34275

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct business in Computer networking and low voltage communications technology

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000 shares of common stock with a par value of \$0.001

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shawn Martel President
Address: 605 King St. Suite B
Nokomis, Florida 34275

Name and Title: _____
Address: _____

Name and Title: Shawn Martel Vice-President
Address: 605 King St. Suite B
Nokomis, Florida 34275

Name and Title: _____
Address: _____

Name and Title: Shawn Martel Secretary/Treasurer
Address: 605 King St. Suite B
Nokomis, Florida 34275

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: Shawn Martel
Address: 605 King St. Suite B
Nokomis, Florida 34275

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shawn Martel
Address: 605 King St. Suite B
Nokomis, Florida 34275

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

Shawn Martel SHAWN MARTEL

Required Signature/Registered Agent

April 28, 2012

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.

Shawn Martel SHAWN MARTEL

Required Signature/Incorporator

April 28, 2012

Date