

P 1200049669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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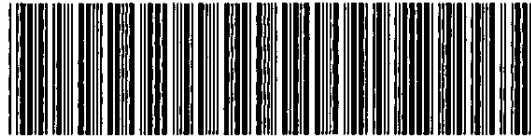
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 29 PM 12:19

PS 5/30/12

## COVER LETTER

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

**SUBJECT:** Cinde Martin 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:** Cinde A. Martin

Name (Printed or typed)

1966 Emilio Lane

Address

West Palm Beach, Florida 33406

City, State & Zip

561-676-1842

Daytime Telephone number

cindemartin@comcast.net

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Cinde Martin Inc.

12 MAY 29 PM 12:19

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1966 Emilio Lane  
West Palm Beach, FL 33406

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Event and Marketing Consulting and Services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Cinde Martin, President	Name and Title: _____
Address: 1966 Emilio Lane	Address: _____
West Palm Beach, FL 33406	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Cinde Martin  
Address: 1966 Emilio Lane  
West Palm Beach, FL 33406

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cinde Martin  
Address: 1966 Emilio Lane  
West Palm Beach, FL 33406

*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*

*Cinde A. Martin*

Required Signature/Registered Agent

May 24, 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.*

*Cinde A. Martin*

Required Signature/Incorporator

May 24, 2012

Date