

P130000040979

(Requestor's Name)

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(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

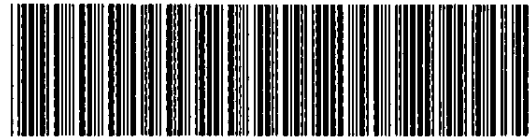
(Business Entity Name)

(Document Number)

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

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13 MAY -6 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRB  
5/7/13

**COVER LETTER**

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

SUBJECT: MARINA KOLES, PA.  
(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: MARINA KOLES  
Name (Printed or typed)

6837 NW 29<sup>TH</sup> AVE  
Address

FORT LAUDERDALE, FL 33309  
City, State & Zip

954-850-0822  
Daytime Telephone number

BG483@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: MARINA KOLES, PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6837 NW 29<sup>TH</sup> AVE  
Fort Lauderdale  
FL 33309

Mailing address, if different is:

SAA

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: REAL ESTATE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: MARINA KOLES, CEO Name and Title: \_\_\_\_\_

Address: 6837 NW 29<sup>TH</sup> AVE Address: \_\_\_\_\_  
Fort Lauderdale  
FL 33309

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(cont.)

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: MARINA Koles

Address: 6837 NW 29<sup>TH</sup> Ave.  
Ft. Lauderdale, FL 33309

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARINA Koles

Address: 6837 NW 29<sup>TH</sup> Ave.  
Ft. Lauderdale, FL 33309

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.

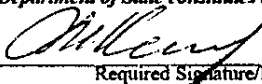


Required Signature/Registered Agent

05/02/2013

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

05/02/2013

Date