P13000058379

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name) (Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
TALLAHASSEE ELOSIE

T. BLEWS JUL 1.8 2013

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COVER LETTER

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

SUBJECT:	Martin 7	E/000, -	Inc.		
- "	(PROPOSED CORPORA	TE NAME – <u>Must incl</u> i	UDE SUFFIX)		
Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	l 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 CO	PPY REQUIRED		
FROM:	Arami's Name	(Printed or typed)			
5495 East 4th Ave. Address					
	Hia/oah I/ 3301.3 City, State & Zip				
	786 - 3- Daytime Te	44 - 6755 elephone number			
	E-mail address: (to be used	for future annual report	notification)		

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



RECEIVED

FLORIDA DEPARTMENT OF STATE Division of Corporations Division of Corporations THE PROPERTY OF STATE DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS

June 4, 2013

ARAMIS MARTIN 5495 EAST 4TH AVE HIALEAH, FL 33013

SUBJECT: MARTIN FLOOR, INC. Ref. Number: W13000032202

We have received your document for MARTIN FLOOR, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6052.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 213A00013959

www.sunbiz.org



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FLORIDA DEPARTMENT OF STATE Division of Corporations TALLAHASSEE, FLORIDA TALLAHASSEE,

June 26, 2013

ARAMIS MARTIN 5495 EAST 4TH AVE HIALEAH, FL 33013

SUBJECT: MARTIN FLOOR, INC. Ref. Number: W13000032202

We have received your document for MARTIN FLOOR, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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) 245-6052.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 613A00015972

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAM The name of the corpora		1/2/	Floor	100
<u>-</u>		701111	71001	7-110
ARTICLE II PRI	NCIPAL OFFICE Principal street address	_	Mail	ing address, if different is:
6405	East Ath	Au		,
	1 11	7/100		
- Halear	y 11 33	3043		
	<i></i>			
ARTICLE III PUR	POSE		_ ,	1
The purpose for which t	he corporation is organiz	zed is:	repair	-and
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ARTICLE IV SHA	ures			BA Un
The number of shares of		100	• y	に に に に に に に に に に に に に に
	/	, ,		
	TAL OFFICERS AND	DIOR DIRECTOR	§ .£ _	
Name and Title	Atranis 1	lastin / VAI	Name and Title:	
Address	5495 Eas	t. 4th Ale	Address:	
	History 6	5/7721		
	thalogh	1 300		
Name and Title:		***************************************	Name and Title:	
Address			Address:	
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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 Name: Address: 5495 6444 444 444 444 444 444 444 444 444 4	FILED 13 JUL -8 PH 4: 5 SECRETARY OF STATE TALLAHASSEE, FLORING WAR
ARTICLE VII INCORPORATOR	्राम के
The name and address of the Incorporator is: Name: Address: 5495 East 4th F	Re.
Having been named as registered agent to accept service of process of this certificate, I am familiar with and accept the appointment as registered. Required Signature/Registered Agent	
I submit this document and affirm that the facts stated herein are to document to the Department of State constitutes a third degree felony Required Signature/Incorporator	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S. Date