

P13 000085635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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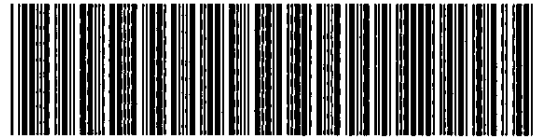
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT 18 AM 11:10

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**COVER LETTER**

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

**SUBJECT: Marte Tile Corp.**  
**(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
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: Marte Tile Corp.**  
Name (Printed or typed)

**4923 Springfield Dr.**  
Address

**West Palm Beach, FL 33415**  
City, State & Zip

**561-309-4715**  
Daytime Telephone number

**vista1040@gmail.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  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**  
The name of the corporation shall be: Marte Tile Corp.

13 OCT 18 AM 11:10

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

4923 Springfield Dr.  
West Palm Beach, FL 33415

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: to conduct any and all lawful business.

**ARTICLE IV SHARES** 1000  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Ramon A. Marte, D., Pres. Name and Title: \_\_\_\_\_

Address 4923 Springfield Dr. Address: \_\_\_\_\_  
West Palm Beach, FL 33415

Name and Title: Amparo A. Rodriguez, D, T, S Name and Title: \_\_\_\_\_

Address 4923 Springfield Dr. Address: \_\_\_\_\_  
West Palm Beach, FL 33415

Name and Title: David Rodriguez, V.P. Name and Title: \_\_\_\_\_

Address 4923 Springfield Dr. Address: \_\_\_\_\_  
West Palm Beach, FL 33415

(cont.)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Name and Title: \_\_\_\_\_ Name and Title: 13 OCT 18 AM 11:10  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Ramon A. Marte  
 Address: 4923 Springfield Dr.  
West Palm Beach, FL 33415

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ramon A. Marte  
 Address: 4923 Springfield Dr.  
West Palm Beach, FL 33415

*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 10/15/13  
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 10/15/13  
Date

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