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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305) 871-0889
Fax Number : (305) 870-9623

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
13 OCT 31 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
MARQUEZ TALENT INC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

11/01/13

FILED
13 OCT 31 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: **MARQUEZ TALENT INC**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

**353 NW 152ND AVE
PEMBROKE PINES, FL 33028**

Mailing address, if different is:

**353 NW 152ND AVE
PEMBROKE PINES, FL 33028**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

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: **PRESIDENT** Name and Title: _____

Address: **ANA CARRILLO** Address: _____
353 NW 152ND AVE _____
PEMBROKE PINES, FL 33028 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

(conti.)

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: ANA CARRILLO
Address: 353 NW 152ND AVE
PEMBROKE PINES, FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANA CARRILLO
Address: 353 NW 152ND AVE
PEMBROKE PINES, FL 33028

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

10-29-13
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

10-29-13
Date

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