

P14000043470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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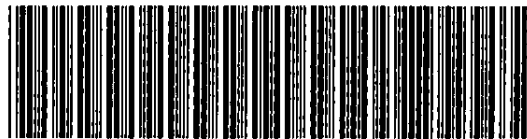
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **RYDER MARINELLO ENTERPRISES 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **LEANNA MARINELLO**
Name (Printed or typed)

900 N PARKSIDE CIRCLE
Address

BOCA RATON, FL 33486
City, State & Zip

561-706-6166
Daytime Telephone number

GREG.MARINELLO@ORACLE.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: RYDER MARINELLO ENTERPRISES INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

900 N PARKSIDE CIRCLE
BOCA RATON, FL 33486

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: PROFIT

ARTICLE IV SHARES
The number of shares of stock is: 100 (ONE HUNDRED)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEANNA MARINELLO
Address: 900 N PARKSIDE CR
BOCA RATON, FL 33486

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
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: LEANNA MARINELLO
Address: 900 N PARKSIDE CR
BOCA RATON, FL 33486

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LEANNA MARINELLO
Address: 900 N PARKSIDE CR
BOCA RATON, FL 33486

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

1 [Signature]
Required Signature/Registered Agent

15/6/14
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.

1 [Signature]
Required Signature/Incorporator

15/6/14
Date

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TALLAHASSEE FLORIDA