

PI40000069133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

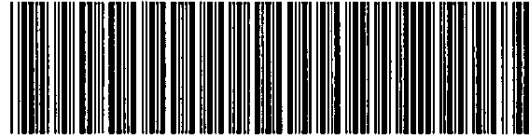
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/14-47499

YMD 8/19

## COVER LETTER

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

SUBJECT: **MARIN'S FAMILY 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **SILVIA VILLATE**

Name (Printed or typed)

**3309 NW 7TH ST**

Address

**MIAMI, FL.33125**

City, State & Zip

**305-6421741**

Daytime Telephone number

**svillate@hotmail.com**

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2014

SILVIA VILLATE  
3309 N.W. 7TH ST.  
MIAMI, FL 33125

SUBJECT: MARIN'S FAMILY CORP.  
Ref. Number: W14000047499

We have received your document for MARIN'S FAMILY CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The registered agent must have a Florida street address. A post office box is not acceptable.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 314A00016638

**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: MARIN'S FAMILY CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is

9856 SW 8TH ST.APT.117

MIAMI, FL. 33174

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TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY LEGAL BUSINESS TRANSACTION.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 NO PAR VALUE

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

Name and Title: MARIO MARIN .PRESIDENT

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

Address 9856 SW 8TH ST.  
APT.117.MIAMI,FL33174

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

Name and Title: MARIO MARIN. TREASURER

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

Address 9856 SW 8TH ST.APT.117  
MIAMI, FL.33174

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

Name and Title: MAYUMI MARIN SECRETARY

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

Address 9856 SW 8TH ST APT117  
MIAMI,FL.33174

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

(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: MARIO MARIN

Address: 9856 SW 8TH ST APT.117

MIAMI, FL.33174

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

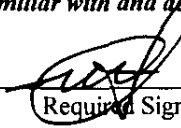
Name: MARIO MARIN

Address: 9856 SW 8TH ST.APT 117

MIAMI, FL.33174.

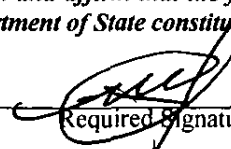
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TALLAHASSEE, FLORIDA

*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

8-12-14  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

8-12-14  
Date