

P14000085635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

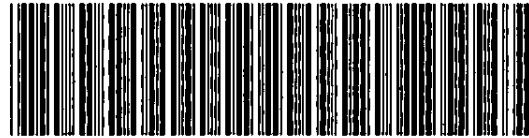
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/16/14--01001--024 **70.00

FILED
14 OCT 16 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 20 2014
S. GILBERT

COVER LETTER

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

SUBJECT: Martin Marketing 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
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: Andrea Martin

Name (Printed or typed)

9407 Cypress Lake Dr. suite C

Address

Fort Myers, FL 33919

City, State & Zip

239-333-1450

Daytime Telephone number

andrea@assuagecenters.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: Martin Marketing, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

9407 Cypress Lake Dr

suite C

Fort Myers, FL 33919

Mailing address, if different is: STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: media, marketing, advertising

ARTICLE IV SHARES 1000

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrea Martin

Name and Title: _____

Address 9407 Cypress lake dr
suite C

Address: _____

Fort Myers, FL 33919

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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:

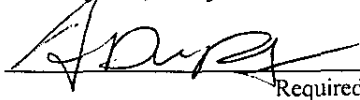
Name: Andrea Martin
Address: 2412 Kent Ave
Fort Myers Fl 33907

ARTICLE VII INCORPORATOR

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


Name: Andrea Martin
Address: Same

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

10/13/14
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

10/13/14
Date