

PH000085652

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

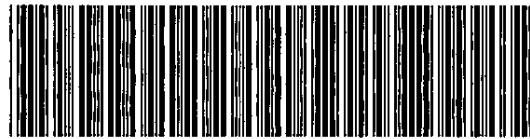
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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W14-51152

## COVER LETTER

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

SUBJECT: **MARTIN SIX CONSULTANTS 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

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: **DARREN M. MARTIN**

Name (Printed or typed)

**1110 SANTA ROSA BLVD., UNIT A308**

Address

**FORT WALTON BEACH, FL. 32548**

City, State & Zip

**(985) 259-2559**

Daytime Telephone number

**darren75martin@att.net**

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

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



Oct 21, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2014

DARREN M. MARTIN  
1110 SANTA ROSA BLVD UNIT A308  
FORT WALTON BEACH, FL 32548

SUBJECT: MARTIN SIX CONSULTANTS INC.  
Ref. Number: W14000051157

We have received your document for MARTIN SIX CONSULTANTS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return 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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 714A00017980

RECEIVED  
14 OCT 15 PM 12:35  
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: MARTIN SIX CONSULTANTS INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1110 SANTA ROSA BLVD. UNIT A308  
FORT WALTON BEACH, FL. 32548

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: FOR PROFIT

ALL DIRECTORS HAVE BEEN ELECTED.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: DARREN M. MARTIN

Name and Title: PRESIDENT

Address 1110 SANTA ROSA BLVD., UNIT A308  
FORT WALTON BEACH, FL. 32548

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

Name and Title: JILL T. MARTIN

Name and Title: SECRETARY/TREASURER

Address 1110 SANTA ROSA BLVD., UNIT A308  
FORT WALTON BEACH, FL. 32548

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

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

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

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:

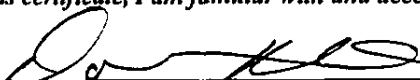
Name: DARREN M. MARTIN  
Address: 1110 SANTA ROSA BLVD., UNIT A308  
FORT WALTON BEACH, FL. 32548

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

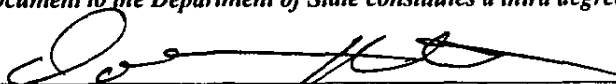
Name: DARREN M. MARTIN  
Address: 1110 SANTA ROSA BLVD., UNIT A308  
FORT WALTON BEACH, FL. 32548

*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

\_\_\_\_\_  
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

14 OCT 15 AM 11:46  
STATE  
TALLAHASSEE, FLORIDA