## P14000089984

| (Reque                        | stor's Name)           |             |
|-------------------------------|------------------------|-------------|
| (Addres                       | s)                     |             |
| (Addres                       | s)                     |             |
| (City/St                      | ate/Zip/Phone #)       | <del></del> |
| PICK-UP                       | WAIT MA                | iL          |
| (Busine                       | ss Entity Name)        |             |
| (Docum                        | ent Number)            |             |
| Certified Copies              | Certificates of Status |             |
| Special Instructions to Filin | g Officer:             |             |
|                               |                        |             |
|                               |                        |             |
|                               |                        |             |
|                               |                        |             |

Office Use Only

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SEONELAND RESTAIR
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## **COVER LETTER**

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

| 141141140500, 12 320           |  |  |   |        |
|--------------------------------|--|--|---|--------|
| <sub>suвјест:</sub> <u>Mar</u> | athon Painting a                           | nd Waterprod                                       |   | _      |
| Enclosed are an orig           | inal and one (1) copy of the arti          | icles of incorporation and                         | a check for:  |        |
| \$70.00 Filing Fee             | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |        |
| FROM: JC                       | orge Lee Calvo                             |  |   |        |
| P                              | O Box 500488                               | (Printed or typed)                                 |   |        |
| M                              | arathon, Florida                           | Address<br>33050                                   | TALL SECTION  | 7      |
| 30                             | City,<br>05-509-1784                       | State & Zip  |   | NOV -3 |

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

Daytime Telephone number

marathonpainting@outlook.com

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

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## FLORIDA DEPARTMENT OF STATE AND ARY OF STATE ASSECTIONAL Division of Corporations

October 22, 2014

JORGE LEE CALVO POST OFFICE BOX 500488 MARATHON, FL 33050

SUBJECT: MARATHON PAINTING AND WATERPROOFING, INC.

Ref. Number: W14000064296

We have received your document for MARATHON PAINTING AND WATERPROOFING, 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):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 014A00022667

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| The name of the corpora                                | tion shall be: Marathon Painting                     | and Waterproofing, Inc.                |  |  |
|--|--|--|--|--|
| ARTICLE II PRI   | <b>NCIPAL OFFICE</b> Principal <u>street</u> address | Mailing address, if different is:      |  |  |
| Jorge Lee Calvo  |  | Jorge Lee Calvo                        |  |  |
| 1620 Oversea   | as Hwy #185  | PO Box 500488  Marathon, Florida 33050 |  |  |
| Marathon, Flo  | rida 33050   |  |  |  |
| ARTICLE III PUR The purpose for which t or residential |  | of exterior or interior for commercial |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | TIAL OFFICERS AND/OR DIRECTORS                       | <u>S</u>                               |  |  |
| Name and Title   | Jorge Lee Calvo, President                           | Name and Title:                        |  |  |
| Address  | PO Box 500488  | Address:                               |  |  |
|  | Marathon, Florida 33050                              |  |  |  |
| Name and Title:  | Jorge Luis Calvo, Vice-President                     | Name and Title:                        |  |  |
| Address  | PO Box 500488  | Address:                               |  |  |
| ,                | Marathon, Florida 33050                              |  |  |  |
|  |  |  |  |  |
| Name and Title:  |  | Name and Title:                        |  |  |
| Address  |  | Address:                               |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

| Name and                                 | d Title:   | Name and Title:  |   |
|--|--|--|---|
| Address                                  |  | Address:   |   |
| ARTICLE VI The name and Fl Name:         | <u>REGISTERED AGENT</u><br>orida street address (P.O. Box NOT acceptable<br>Daniele Beeler           | e) of the registered agent is:                                     |   |
| Address:                                 | 1620 Overseas Highway  | <del></del>  |   |
|  | Marathon, Florida 33050  |  |   |
| ARTICLE VII                              | INCORPORATOR   |  |   |
| The name and ad                          | dress of the Incorporator is:  |  |   |
| Name:                                    | Susan Prichard   |  |   |
| Address:                                 | 134 Indies Drive Nor   | <u>th</u>  |   |
|  | Duck Key, Florida 33050  |  |   |
| Having been nam<br>this certificate, I a | ned as registered agent to accept service of proc<br>nm familiar with and accept the appointment as  | eess for the above stated corpo<br>registered agent and agree to   | ration at the place designated in<br>act in this capacity |
| Dans                                     | Required Signature/Registered Agent  |  | 10-16-2014  |
|  | Required Signature/Registered Agent  |  | Date  |
| I submit this document to the I          | ument and affirm that the facts stated herein o<br>Department of State constitutes a third degree fe | ire true. I am aware that the j<br>lony as provided for in s.817.1 | false information submitted in a<br>55, F.S.              |
| Suran                                    | Required Signature/Incorporator  |  | 10-16-2014 Date   |
| -  | requires organism meorporator  |  | Date  |
|  |  |  | 14 NOV -3 AM<br>SECRETARY OF S<br>TALLAHASSEE, F          |