

P15000014366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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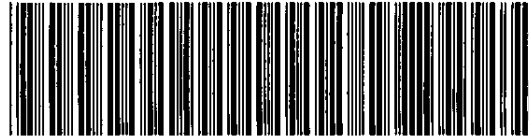
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 FEB -3 PM 1:39
SECRETARY OF STATE
ALABAMA

NEW
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2/12/15

COVER LETTER

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

SUBJECT: Marketing Gurus 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: Juan Luis Arri villaga
Name (Printed or typed)
430 Golden Isles Dr. Suite 805
Address
Hallandale, FL. 33009
City, State & Zip
(305) 504-6898
Daytime Telephone number
JLuis9681@gmail.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: Marketing Gurus Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

430 Golden Isles Dr. Suite 805
Hallandale, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful
Business

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan Luis Arrivillaga - President
Address: 430 Golden Isle Dr. Suite 805
Hallandale, FL 33009

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

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: Juan Luis Arrivillaga
Address: 430 Golden Isles Dr. Suite 805
Hallandale, FL 33009

ARTICLE VII INCORPORATOR

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

Name: Juan Luis Arrivillaga
Address: 430 Golden Isles Dr. Suite 805
Hallandale, FL 33009

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

Juan Luis Arrivillaga
Required Signature/Registered Agent

1-28-15

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.

Juan Luis Arrivillaga
Required Signature/Incorporator

1-28-15

Date