Division of Corporations P15000014855

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000047899 3)))

H150000478993ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
15 FEB 24 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
MARBLE CLINIC CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$78.75

89776

RECEIVED
15 FEB 24 PM 4:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

H15000041011

(4)

COVER LETTER

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

SUBJECT: MARBLE CLINIC CORPORATION
(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: JORGE A LOPEZ-ACCOUNTANT ACCT#15423
Name (Printed or typed)

13701 SW 88 STREET SUITE 200A
Address

MIAMI FL 33186
City, State & Zip

305-388-8406
Daytime Telephone number

ACCOUNTINGFINANCIAL@HOTMAIL.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: MARBLE CLINIC CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
7700 SW 155 PLACE UNIT 52	SAME
MIAMI FL·33193	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY PERMITTED BY THE LAWS OF THI STATE.

ARTICLE IV SHARES 100 SHARES WITH A PAR VALUE OF $1.00 PER SHARE.
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LILIANA QUINTERO-PRESIDENT
Address: 7700 SW 155 PLACE
UNIT 52
MIAMI FL 33193

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

FILED
15 FEB 24 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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: LILIANA QUINTERO

Address: 7700 SW 155 PLACE UNIT 52

MIAMI FL 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LILIANA QUINTERO-PRESIDENT

Address: 7700 SW 155 PLACE UNIT 52

MIAMI FL 33193

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

_____ 02/23/15

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.

_____ 02/23/15

Required Signature/Incorporator Date

FILED

15 FEB 24 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000047899