

P15000079840

(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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15 SEP 21 PM 12:00
SECRETARY OF STATE
ALABAMA

SEP 28 2015

W PAINTER

COVER LETTER

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

SUBJECT: Eddy O. Marban, P.A.
(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: Edilberto O. Marban
Name (Printed or typed)

1600 Ponce De Leon Blvd, #902
Address

Coconut Gables, Florida 33134
City, State & Zip

(305) 448-9292
Daytime Telephone number

marbanlaw@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: Eddy O. Marban, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11000 Ponce De Leon Blvd, #902
Coral Gables, FT 33134

11000 Ponce De Leon Blvd, #902
Coral Gables, FT 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Law Firm and All
Other Business Authorized by Law

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edilberto Marban Name and Title: President

Address: 1600 Ponce de Leon Blvd Address: _____
#902

CORAL GABLES, FL 33134

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

15 SEP 21 PM 12:00
SECRETARY OF STATE
ALL CHARGES \$10.00

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: Edilberto O. MARBAN
Address: 1600 POULE DE LEON Blvd #1902
COVAL SABLES, #133134

ARTICLE VII INCORPORATOR

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

Name: Edilberto MARBAN
Address: 1600 POULE DE LEON Blvd #1902
CORAL SABLES, #133134

RECEIVED
15 SEP 21 PM 12:00
DEPARTMENT OF STATE
HALLWAY
TALLAHASSEE, FLORIDA

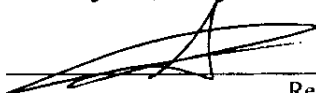
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9-15-15 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

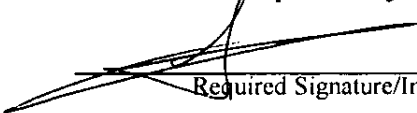


Required Signature/Registered Agent

9-15-15

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.



Required Signature/Incorporator

9-15-15

Date

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Orlando, Florida 33134
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Coral Gables, FL 33134

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Coral Gables, FL 33134

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OTHER BUSINESS AUTHORIZED by LAW

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edilberto MARBAN Name and Title: PRESIDENT

Address: 1600 Ponce de Leon ^{BLVD} Address:
#902

CORAL GABLES, FL 33134

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

FILED
15 SEP 21 PM 12:00
SECRETARY OF STATE
AND CLERK OF SUPERIOR COURT
CORAL GABLES, FL 33134

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: Edilberto O. MARBAN
Address: 1600 POULE DE LEON Blvd #1 902
COVAL Sables, FL 33134

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SECRETARY OF STATE
HALLANDALE BEACH, FLORIDA

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Address: 1600 POULE DE LEON Blvd #1 902
CORAL Sables, FL 33134

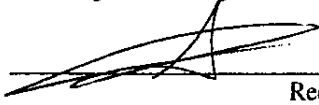
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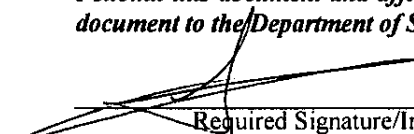


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