

PI5000094486

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(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATE
15 NOV 24 AM 11:59
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15 NOV 24 PM 1:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOV 24 2015

T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Marathon Recycling Inc.

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

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

SUBJECT: MARATHON RECYCLING 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: OWEN POOLE II
Name (Printed or typed)

208 ATLANTIC STREET
Address

ISLAMORADA, FL 33036
City, State & Zip

305-872-6000
Daytime Telephone number

BPTAXSERVICE@AOL.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: MARATHON RECYCLING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

549 (REAR) 107th STREET GULF

208 ATLANTIC STREET

MARATHON, FL 33050

ISLAMORADA, FL 33036

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

TO ENGAGE IN LAWFUL BUSINESS ACTIVITIES FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER
THE FLORIDA GENERAL INCORPORATION ACT.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OWEN POOLE II, President, Treasurer

Name and Title: _____

Address 208 ATLANTIC STREET

Address: _____

ISLAMORADA, FL 33036

Name and Title: DENISE POOLE, Vice Pres, Secretary

Name and Title: _____

Address 208 ATLANTIC STREET

Address: _____

ISLAMORADA, FL 33036

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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15 NOV 24 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: OWEN POOLE II
Address: 208 ATLANTIC STREET
ISLAMORADA, FL 33036

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OWEN POOLE II
Address: 208 ATLANTIC STREET
ISLAMORADA, FL 33036

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TALLAHASSEE, FLORIDA

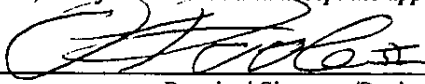
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2016 (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

11/16/15

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

11/16/15

Date