

P15000095919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600279072806

11/20/15--01010--011 **78.75

FILED
15 NOV 20 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 2 2015
D CUSHING

COVER LETTER

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

SUBJECT: Franco-Martin Creations, 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: Javier Franco
Name (Printed or typed)

837 Majorca Avenue
Address

Coral Gables, FL 33134
City, State & Zip

305-443-5544
Daytime Telephone number

BOR837@aol.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL 32314

15 NOV 20 PM 4:32

FILED

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: Franco-Martin Creations, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

837 Majorca Avenue

Coral Gables, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business purposes.

ARTICLE IV SHARES

The number of shares of stock is: one hundred (100) \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Javier Franco, President

Name and Title: _____

Address 837 Majorca Avenue

Address: _____

Coral Gables, FL 33134

Name and Title: Elaine Martin, V.P.

Name and Title: _____

Address 837 Majorca Avenue

Address: _____

Coral Gables, FL 33134

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
15 NOV 20 PM 4:32
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: Javier Franco
 Address: 837 Majorca Avenue
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

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

Name: Javier Franco
 Address: 837 Majorca Avenue
Coral Gables, FL 33134

FILED
 15 NOV 20 PM 4:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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
 November 17, 2015

 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
 November 17, 2015

 Date