P 6000035461

(Re	questor's Name)	,
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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APR 2 1 2016 T. SCOTT



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15 WIND BY WAR

SCURE TARY OF STATE

April 15, 2016

Dear Sir/Madam

My name is Luis M Arevalo owner of a Corp under the name of Mar Vertical's Inc. Inc with Federal ID 46-4678664

The reason of writing is to inform that I'm not reinstate this Corporation. I will like to open a new one using the same name.

Sincerely,

Luis M Alvarado

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u> PRICLE II PRI</u>	NCIPAL OFFICE Principal street address		Mailing address, if different is:	
30 LAKEWOOD	CIRCLE S UNIT C			
ARGATE FL 3306	33			
ETICLE III PUR e purpose for whic	POSE h the corporation is organized is: ANY AND	ALL LAWFULL	BUSINESS	
···				
TICLE IV SHA	-c			
e number of shares	of stock is: TIAL OFFICERS AND/OR DIRECTORS		:	
e number of shares	of stock is: TIAL OFFICERS AND/OR DIRECTORS LIUS MALVARADO/PRESIDENT			
e number of shares TICLE V INIT Name and T	of stock is: TIAL OFFICERS AND/OR DIRECTORS itle: LUIS M ALVARADO/PRESIDENT	Name and Title	50 20 20 20 20 	DIVISION OF
e number of shares TICLE V INIT Name and T Address	of stock is: FIAL OFFICERS AND/OR DIRECTORS LUIS M ALVARADO/PRESIDENT 530 LAKEWOOD CIRCLE S UNIT C	Name and Title Address:	TO APR 18	DIVISION OF
e number of shares TICLE V INIT Name and T Address	of stock is: FIAL OFFICERS AND/OR DIRECTORS LUIS M ALVARADO/PRESIDENT 530 LAKEWOOD CIRCLE S UNIT C MARGATE FL 33063	Name and Title Address: Name and Title Address:	70 PP PD 	DIVISION OF
Name and Ti	of stock is: FIAL OFFICERS AND/OR DIRECTORS LUIS M ALVARADO/PRESIDENT 530 LAKEWOOD CIRCLE S UNIT C MARGATE FL 33063	Name and Title Address: Name and Title Address: Address:	APR - 8	SECREMENT OF CORPORATIONS
Name and Ti Address	of stock is: FIAL OFFICERS AND/OR DIRECTORS LUIS M ALVARADO/PRESIDENT 530 LAKEWOOD CIRCLE S UNIT C MARGATE FL 33063	Name and Title Address: Name and Title Address: Address:	AM BR	SECRETARY OF TRAIL

Name an	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT		
he <u>name and F</u>	lorida street address (P.O. Box NOT acceptable LUIS M ALVARADO	e) of the registered agent is:	
Name:			
Address:	5530 LAKEWOOD CIRCLE S		
	UNIT C, MARGATE FL 33063		
<u>RTICLE VII</u>	<u>INCORPORATOR</u>		
he <u>name and ac</u>	Idress of the Incorporator is:		
Name:	LUIS M ALVARADO		
Address:	5530 LAKEWOOD CIRCLE S		
	UNIT C MARGATE FL 33063		
RTICLE VIII	EFFECTIVE DATE: 02/01/2016	(ORTIONAL)	
lf an effective d		nnot be more than five business days prior or 90 business	iess
ays after the fil	ling.)		
		able statutory filing requirements, this date will not be list	ed as
ie document's e	ffective date on the Department of State's reco	ds.	
		cess for the above stated corporation at the place design	ited i
iis certificate, I	am familiar with and accept the appointment a	s registered agent and agree to act in this capacity	
<u> </u>	7000	02/01/2016	
	Required Signature/Registered Agent	Date	
	ument and affirm that the facts stated herein Department of State constitutes a third degree j	are true. I am aware that the false information submitted fooling as provided for in s.817.155, F.S.	d in
/	I have	02/01/2016	
Pagui	red Signature/Incorporator	Date	