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SECRETARY OF STATE ALL AHASSEE FLORIDA

COVER LETTER

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

SUBJECT:	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status		
FROM:	MARTA CR	2 AN Z (Printed or typed)	n diagnosis (s.		
منابعة في المارية في ا	5637 HARRI	Sun St. Address			
	Hollywood chy,	FL 3302 State & Zip	3		
	305, 904, 7 Daytime T				
_ }	MARTA CRANE E CO E-mail address: (to be use	ome AST, net d 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 corporat	ion shall be: MARTA	CRANE, PA	
ARTICLE II PRINC		ŕ	address, if different is:
5637 HAG	Reison St. FL 33023		
ARTICLE III PURPO The purpose for which the	•	SERVICES	
			TAN 16
ARTICLE IV SHARE The number of shares of ARTICLE V INITIA	ES stock is: 1500 L OFFICERS AND/OR DIRECTO	D <u>RS</u>	CRETARY LAHASREE
	MARTA S. CRANE-PRES 5637 HARRISON S. Hollywood, FL 33	Address:	PH : L
Name and Title:			
Name and Title:		Name and Title:	

Name and T	itle:	Name and Title:		
Address		Address:		
	GISTERED AGENT	or the second		
	da street address (P.O. Box NOT acceptable) of	the registered agent is:		
	MARTA S. CRANC.			
Address:	5637 HARRISON St.			
<u>, </u>	Hollywood, FL 33023			
ARTICLE VII INC	CORPORATOR		74 SE 15	
The name and addre	ess of the Incorporator is:			
Name:	MARTA S. CRAME		CRETAN TO	
Address:	5637 HARRISON St.		AC P T	
	MARTA S. CRAME 5637 HARRISON St. Hollywood, FL 33023	3	AHASSER FLORID	
ARTICLE VIII EF Effective date, if othe (If an effective date days after the filing	er than the date of filing: \(\sum \underline{UNE.} \) \(\sum UN	6 (OPTIONAL) be more than five business	days prior or 90 business	
Note: If the date ins the document's effect	erted in this block does not meet the applicable s tive date on the Department of State's records.	statutory filing requirements, t	his date will not be listed as	
Having been named this certificate, I am	as registered agent to accept service of process familiar with and accept the appointment as regi	for the above stated corporati stered agent and agree to act	on at the place designated in in this capacity	
	ula & Clave		06-07-2016	
	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.				
BNas	1 & Clave		06-07.2016	
Required	Signature/Incorporator		Date	