

P160000 66844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

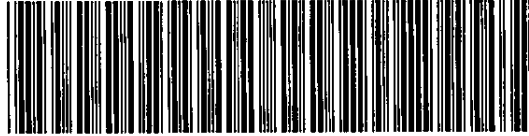
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

AUG 15 2016

T. SCOTT



800288634078

08/05/16--01012--016 **78.75

16 AUG -5 AM 9:50

STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE
DIVISION OF ADMINISTRATIVE SERVICES

COVER LETTER

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

SUBJECT: Martine Financial Co.

(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: Terry Martine

Name (Printed or typed)

8461 Lake Worth Rd Ste 206

Address

Wellington, FL 33467

City, State & Zip

954-683-1393

Daytime Telephone number

tmartine@conceptmarketingllc.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: Martine Financial Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8461 Lake Worth Rd. Ste 206

Wellington, FL 33467

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: conduct any and all lawful business under the state of Florida's laws.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Terry Martine, Pres

Address 8461 Lake Worth Rd. Ste 206

Wellington, FL 33467

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

16 AUG -5 AM 9:50

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: Terry Martine _____

Address: 8461 Lake Worth Rd Ste 206 _____

Wellington, FL 33467 _____

ARTICLE VII INCORPORATOR

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

Name: Terry Martine _____

Address: 8461 Lake Worth Rd. Ste 206 _____

Wellington, FL 33467 _____

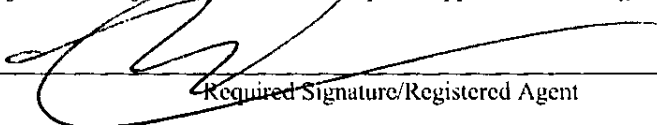
ARTICLE VIII EFFECTIVE DATE:

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

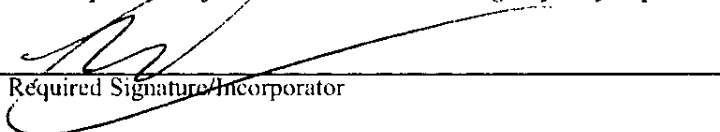


Required Signature/Registered Agent

Sep 1 2016

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

Sep 1 2016

Date