

PN 060029344

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (888)692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
MARRE REAL ESTATE INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

17 MAR 31 AM 11:58

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
COMMERCIAL  
INFORMATION SERVICES

17 MAR 31 AM 10:15  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
COMMERCIAL  
INFORMATION SERVICES

APPROVED  
AND  
FILED

APR 01 2017  
T. SCOTT

**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: MARRE REAL ESTATE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

275 NE 18th St., Ste 1610

275 NE 18th St., Ste 1610

Miami, FL 33132

Miami, FL 33132

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Consulting

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Andrew Rispoli - Director

Name and Title: \_\_\_\_\_

Address 275 NE 18th St., Ste 1610

Address: \_\_\_\_\_

Miami, FL 33132

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

17 MAR 31 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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: Andrew Rispoli

Address: 275 NE 18th St., Ste 1610

Miami, FL 33132

**ARTICLE VII INCORPORATOR**

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

Name: Andrew Rispoli

Address: 275 NE 18th St., Ste 1610

Miami, FL 33132


**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 days prior or 90 days after the filing.)

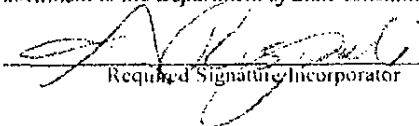
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

3-23-17  
 \_\_\_\_\_  
 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

3-23-17  
 \_\_\_\_\_  
 Date