

PN00039598

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 : 075350003353  
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  
PEARINGS MARKETING INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$70.00 |

17 MAY -2 PM 11:47

BRANCH OF CORPORATE SERVICES

SECRETARY OF STATE  
DOH HASSETT, FLORIDA

17 MAY -2 AM 8:46

APPROVED  
AND  
FILED

From:

05/02/2017 09:52

#077 P.002/003

**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: PEARINGS MARKETING INC

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

720 LUCERNE AVE #908

LAKE WORTH, FL 33460

Mailing address, if different is:

720 LUCERNE AVE #908

LAKE WORTH, FL 33460

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful act or activity for

which corporations may be organized.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: JOHN MARENZANA/PRESIDENT

Address: 720 LUCERNE AVE #908

LAKE WORTH, FL 33460

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

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

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

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

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

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

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

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

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

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

APPROVED  
AND  
FILED

17 MAY -2 AM 8:46

CLAY COUNTY  
FLORIDA

From:

05/02/2017 09:52

#077 P.003/003

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: JOHN MARENZANA  
Address: 720 LUCERNE AVE #908  
LAKE WORTH, FL 33460

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOHN MARENZANA  
Address: 720 LUCERNE AVE #908  
LAKE WORTH, FL 33460

**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.)

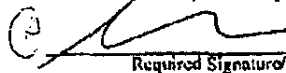
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

5-1-17  
\_\_\_\_\_  
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.817.133, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

5-1-17  
\_\_\_\_\_  
Date