

P17000064422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

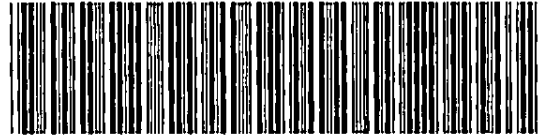
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/31/17--01028--007 **70.00

17 JUL 31 AM 9:30
STATE
OFFICE OF
FLORIDA

08/04/17

COVER LETTER

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

SUBJECT: MARLU GROUP CORP

(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: MARLU GROUP CORP

Name (Printed or typed)

7042 sw 154 ct MIAMI FL 33193

Address

7042 SW 154 ct miami fl 33193

City, State & Zip

MIAMI FL 33193

Daytime Telephone number

305 8043736

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: MARLU GROUP CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7042 SW 154 CT

MIAMI FL 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

IMPORT AND EXPORT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRANCISCO J LUNA

Name and Title:

Address 7042 SW 154 CT MIAMI FL 33193

Address:

PTD

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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JUL 31 AM 9:30
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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: FRANCISCO J LUNA
Address: 7042 SW 154 CT
MIAMI FL 33193

ARTICLE VII INCORPORATOR

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

Name: JOSEPH ARCAS
Address: 11321 W FLAGLER ST
MIAMI FL 33174

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CLERK OF STATE
TALLAHASSEE, FLORIDA

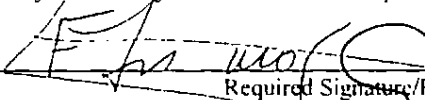
ARTICLE VIII EFFECTIVE DATE:

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

07/28/2017

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

07/28/2017

Date