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To:

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

From:

Account Name : FLORIDA MULTISERVICES, INC.
Account Number : 120150000061
Phone : (786)290-3319
Fax Number : (305)645-2035

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
ARMANDO'S GRANITE & MARBLE CORP

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$70.00 |

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10/3/18

Electronic Filing Menu

Corporate Filing Menu

Help

18 OCT -2 AM 9:46
10/1/2018

10/1/2018

H 18000 28 59773

ARMANDO'S GRANITE & MARBLE, CORP.
4384 PROGRESS AVE
NAPLES, FL 34104

October 2, 2018

Florida Department of State


Division of Corporations
Attention: New Filings Section

TO WHOM IT MAY CONCERN:

This is to advise you that the owner of ARMANDO'S GRANITE & MARBLE, CORP., Document No. P12000008692 is the same owner of the attached articles of incorporation. That corporation is dissolved and we have no intent of reopening it.

Thank you for your help in this matter.

Sincerely yours,


Armando Martinez
President

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FILED
18 OCT -2 AM 9:46
TALLAHASSEE
FLORIDA

H 18 000 2859773

COVER LETTER

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

FILED
18 OCT -2 AM 9:46
TALLAHASSEE

SUBJECT: ARMANDO'S GRANITE & MARBLE, 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: ARMANDO MARTINEZ

Name (Printed or typed)

4384 PROGRESS AVE

Address

NAPLES, FL 34104

City, State & Zip

(305)631-6666

Daytime Telephone number

flmultiservices@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: ARMANDO'S GRANITE & MARBLE, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4384 PROGRESS AVE

NAPLES, FL 34104

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

18 OCT - 2 PM 3:16
FILED
CLERK OF DISTRICT COURT
NAPLES, FL

ARTICLE IV SHARES

The number of shares of stock is: FIVE HUNDRED SHARES NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARMANDO MARTINEZ PTS

Name and Title: _____

Address 4384 PROGRESS AVE

Address: _____

NAPLES, FL 34104

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: ARMANDO MARTINEZ
Address: 4384 PROGRESS AVE
NAPLES, FL 34104

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ARMANDO MARTINEZ
Address: 4384 PROGRESS AVE
NAPLES, FL 34104

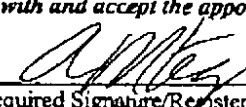
18 OCT -2 AM 9:46
Scribble
FALL 2018

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/01/2018 (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

10/01/2018

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

10/01/2018

Date

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