

6/12/2019

Division of Corporations

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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
Marinella Holdings Incorporated

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2019 JUN 12 PM 12:31

SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUN 12 AM 11:01
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JUN 13 2019

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: Marinella Holdings Incorporated

ARTICLE II PRINCIPAL OFFICE
Principal street address: 429 Lenox Avenue, Miami Beach, FL 33139
Mailing address, if different is: PO BOX 403790, MIAMI BEACH, FL 33140, 1

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Holding and Parent Company to U.S. domestic and international subsidiaries ; Research & Development ; Marketing ; Consulting

ARTICLE IV SHARES
The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Maximiliane J Schinabeck, DIRECTOR</u>	Name and Title:	<u>Maximiliane J Schinabeck, CEO</u>
Address:	<u>P.O. Box 403790</u> <u>Miami Beach, FL 33140</u>	Address:	<u>P.O. Box 403790</u> <u>Miami Beach, FL 33140</u>

Name and Title:	<u>Sophia E Ioannidis, COO</u>	Name and Title:	<u>Sophia E Ioannidis, President</u>
Address:	<u>P.O. Box 403790</u> <u>Miami Beach, FL 33140</u>	Address:	<u>P.O. Box 403790</u> <u>Miami Beach, FL 33140</u>

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

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: C T Corporation System
 Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maximiliane J Schinabeck
 Address: PO BOX 403790
MIAMI BEACH, FL, 33140, US

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 10, 2019 (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

By: C T Corporation System Lindsay Plummer 6/12/19
Assistant Secretary Date
 Required Signature/Registered Agent

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.

Maximiliane J Schinabeck June 10, 2019
 Required Signature/Incorporator Date