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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MARLIN PLAZA, INC.		
		✓ Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
_		Vehicle Search
		Driving Record
Requested by: BA	07/03/19	UCC or 3 File
Name	Date Time	UCC II Search
		UCC II Retrieval
Walk-In	Will Pick Up	Courier

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

LE II PR	INCIPAL OFFICE Principal <u>street</u> address	Mailing add	ress, if different is:
71 SAN CARLOS BLVD, STE 201		15671 SAN CARLOS BLVD, STE 201	
YERS, FL 3:	3908	FT. MYERS, FL 33	- <u> </u>
	PROCE	ose is to engage in any activitie	s or business permitted
		· · · · · · · · · · · · · · · · · · ·	
ber of shares	of stock is: PREFERRED SHARES 100 COM	10N SHARES 6,500,000	
ber of shares E V INIT	of stock is: PREFERRED SHARES 100 COM		
ber of shares E V INIT Name and Ti	of stock is: PREFERRED SHARES 100 COM FIAL OFFICERS AND/OR DIRECTORS itle: KEITH PICKARD P/T/S/D 15671 SAN CARLOS BLVD, STE 201	Name and Title:	
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E V INIT Name and Ti Address Address	of stock is: PREFERRED SHARES 100 COM TAL OFFICERS AND/OR DIRECTORS Isle: KEITH PICKARD P/T/S/D 15671 SAN CARLOS BLVD, STE 201 FT. MYERS, FL 33908	Name and Title: Address: Name and Title: Address:	SECR TALLA

Name and Title:		Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT Orida street address (P.O. Box NOT accept	ALLY CITY OF THE STATE OF THE S	
Name:	HAROLD S. ESKIN, P.A.	able) of the registered agent is:	
Address:	1420 SE 47TH ST.		
	CAPE CORAL, FL 33904		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ac	dress of the Incorporator is:		
Name:	HAROLD S. ESKIN		
Address:	1420 SE 47TH ST.		
	CAPE CORAL, FI. 33904		
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and o	(OPTIONAL) rannot be more than five days prior or 90 days after the	
Note: If the date the document's ef	inserted in this block does not meet the appli fective date on the Department of State's rec	cable statutory filing requirements, this date will not be listed as ords.	
mis ceragicule, 1 a	ed as registered agent to accept service of po m familiar with and accept the appointment	rocess for the above stated corporation at the place designated is as registered agent and agree to act in this capacity	
		6-25-19	
	Required Signature/Registered Agent	Date	
FSubmit this docu document to the D	ment and affirm that the facts stated herein epartment of Part constitutes a third degree	e are true. I am aware that the faise information submitted in t felony as provided for in s.817.155, F.S.	
		175-19	
Regulife	d Signature/Incorporator	Date	