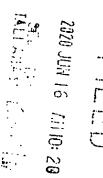
## P20000043933

| (Requestor's Name)                      |                |           |  |  |
|---|----------------|-----------|--|--|
| (Address)                               |                |           |  |  |
| (Address)                               |                |           |  |  |
| (City/State/Zip/Phone #)                |                |           |  |  |
| PICK-UP                                 | ☐ WAIT         | MAIL      |  |  |
| (Business Entity Name)                  |                |           |  |  |
| (Document Number)                       |                |           |  |  |
| Certified Copies                        | Certificates o | of Status |  |  |
| Special Instructions to Filing Officer: |                |           |  |  |
|   |                |           |  |  |
|   |                |           |  |  |
|   |                |           |  |  |
|   |                |           |  |  |





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Throughley

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

| DATE 6/16/2020 **WALK IN       |   |  |  |  |
|--------------------------------|---|--|--|--|
| ENTITY NAME <mark>MARIN</mark> | NA USA CORP   |  |  |  |
| DOCUMENT NUMBER                |   |  |  |  |
|                                | **PLEASE FILE TH  | HE ATTACHED AND RETURN**   |  |  |
| XXXX                           | Plain Copy  |  |  |  |
|                                | Certified Copy  |  |  |  |
|                                | Certificate of Status   |  |  |  |
|                                | Certified Copy of Arts<br>Certified Copy of Arts<br>Certificate of Status | OLLOWING FOR THE ABOVE ENTITY**  & Amendments & Amendments Complete File (Including Annual Reports)  flecting: |  |  |
| COUNTRY OF DESTINA             | **APOSTILLE' / I  | NOTARIAL CERTIFICATION**   |  |  |
| NUMBER OF CERTIFICA            |   |  |  |  |
| TOTAL OWED \$ 70.00            | )   | ACCOUNT # 120140000108 (Cuth) United Corporate Services, Inc.  Thank you so much!                              |  |  |
| Please call Tina at t          | the above number for a  | ing issues or concerns. Thank you so much!   |  |  |

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

|   | NCIPAL OFFICE<br>Principal <u>street</u> address | Mailing                           | address, if different is: |
|---|--|-----------------------------------|---------------------------|
| 240 Worth Avenue                        |  |                                   |                           |
| Palm Beach, FI 3348                     | 3()  |                                   |                           |
| ARTICLE III PUR<br>he purpose for whic  | PPOSE  h the corporation is organized is:        | <del>-</del> ,, ,                 |                           |
| o engage in any law                     | ful act or activity permitted under the Sec      | retary of the State of Florida Co | orporation Law.           |
|   |  |                                   |                           |
|   | ·  |                                   |                           |
|   |  |                                   |                           |
|   |  |                                   | 2023                      |
| RTICLE IV SHAP<br>te number of shares c | RES<br>Stock is:                                 |                                   | NO PER SE                 |
| RTICLE V INITI                          | AL OFFICERS AND/OR DIRECTORS                     |                                   | 5 F                       |
| Name and Tit                            | le: Marina Cocher - Pres/Director                | Name and Title:                   | , i                       |
| Address                                 |  | Address:                          | , PO                      |
| Palm Beach, Fl 334:                     | Palm Beach, Fl 33480                             |                                   |                           |
|   |  | <del>_</del>                      |                           |
| N                                       |  |                                   |                           |
|   | :  | Name and Title:                   |                           |
| Name and Title<br>Address               |  | Address:                          |                           |
|   |  | Address:                          |                           |
| Address                                 |  | Address:                          |                           |

| Name ar                               | nd Title:  | Name and Title:   |
|---------------------------------------|--|---|
| Address                               |  | Address:  |
|                                       |  |   |
|                                       | REGISTERED AGENT   |   |
| The name and F Name:                  | Clorida street address (P.O. Box NOT accepta<br>Marina Cocher                                      | ole) of the registered agent is:  |
| Address:                              | 240 Worth Avenue   |   |
|                                       | Palm Beach, Fl 33480   |   |
| <u>ARTICLE VII</u>                    | <u>INCORPORATOR</u>  |   |
| The <u>name and a</u>                 | ddress of the Incorporator is:   |   |
| Name:                                 | Marina Cocher  |   |
| Address:                              | 240 Worth Avenue   | <del></del>   |
| Palm Beach, Fl 33480                  | Palm Beach, Fl 33480   |   |
| Effective date, it                    | EFFECTIVE DATE: Tother than the date of filing: date is listed, the date must be specific and      | . (OPTIONAL) cannot be more than five days prior or 90 days after the   |
| Note: If the date the document's c    | e inserted in this block does not meet the appl<br>effective date on the Department of State's rec | cable statutory filing requirements, this date will not be listed as ords.  |
| Having been na<br>this certificate, I | med as registered agent to accept service of p<br>am familiar with and accept the appointment      | rocess for the above stated corporation at the place designated is<br>as registered agent and agree to act in this capacity |
|                                       | dan.   | 6/15/2020   |
|                                       | Required Signature/Registered Aget   | n Date  |
| I submit this do<br>document to the   | cument and affirm that the facts stated herei<br>Department of State constitutes a third degree    | n are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.                  |
|                                       | ( S. J.)   | 6/15/2020   |
| Requ                                  | ired Signature/Incorporator  | Date  |