

P20000055581

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000242781 3)))



H200002427813ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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
MARINE DOCKSIDE SERVICES, INC.

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

20 JUL 27 AM 9:47

2020 JUL 27 AM 8:16

RECEIVED

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MARINE DOCKSIDE SERVICES, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

812 CYPRESS LNHALLANDALE BEACH, FL 33009**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ORLANDO MARIN (P/D)

Name and Title: _____

Address 812 CYPRESS LN

Address: _____

HALLANDALE BEACH, FL 33009

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

20 JUL 27 AM 9:47
MARINE DOCKSIDE SERVICES, INC.

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ORLANDO MARIN
Address: 812 CYPRESS LN
HALLANDALE BEACH, FL 33009

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ORLANDO MARIN
Address: 812 CYPRESS LN
HALLANDALE BEACH, FL 33009

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

/s/ Orlando Marin
Required Signature/Registered Agent

07/24/2020
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.

/s/ Orlando Marin
Required Signature/Incorporator

07/24/2020
Date