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: (954)655-8413 : (954)432-8807

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## FLORIDA PROFIT/NON PROFIT CORPORATION MARTINEZ INVESTORS CORP

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### **COVER LETTER**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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MARTINEZ INVESTORS CORP

(786) 351-5404

martinezalexis7@gmail.com

Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status  DPY REQUIRED
FROM:	ARTINEZ, MIDIALA		
	Nam	e (Printed or typed)	
156	0 NW 122ND ST		
<del></del>		Address	
NO	RTII MIAMI, FL 33167		
<del></del>	City	, State & Zip	

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

Daytime Telephone number

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

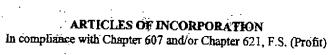
#### ARTICLES OF INCORPORATION

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

TICLE II PRINC					
60 NW 122ND ST	Principal <u>street</u> address	Mailin 1560 NW 122N	ig address, if different is:  ND ST		_
ORTH MIAMI, FL 3		NORTH MIAN		20	ر ق
				75	- ·
TICLE III PURPO e purpose for which t	OSE he corporation is organized is:	AND ALL LAWFUL BUSIN	ESS		7
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RTICLE IV SHAR	ES 100 SHARES				_
ETICLE IV SHAR c number of shares of	ES 100 SHARES stock is:				_
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e number of shares of  TICLE V INITL  Name and Titl  Address  Name and Title	AL OFFICERS AND/OR DIRECTOR  MARTINEZ, MIDIALA (P)  1560 NW 122ND ST  NORTH MIAMI, FL 33167	Name and Title:  Address:  Name and Title:			
e number of shares of ETICLE V INITL Name and Titi Address	AL OFFICERS AND/OR DIRECTOR  MARTINEZ, MIDIALA (P)  1560 NW 122ND ST  NORTH MIAMI, FL 33167	Name and Title:  Address:  Name and Title:			
e number of shares of  TICLE V INITL  Name and Titl  Address  Name and Title	AL OFFICERS AND/OR DIRECTOR  MARTINEZ, MIDIALA (P)  1560 NW 122ND ST  NORTH MIAMI, FL 33167	Name and Title:   Address:   Name and Title:   Address:			<u> </u>
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# H < 000 1 >> 850-617-6381

Name :	and Title:	Name and Title:	
Addre		Address:	····
	REGISTERED AGENT Florida street address (P.O. Box NOT accept	able) of the registered agent is:	201
Name:	MARTINEZ, MIDIALA		20 NOV 10
Address:	1560 NW 122ND ST		0 .
7,041230.	NORTH MIAMI, FL 33167		<u> </u>
			92
<u>ARTICLE VII</u>	INCORPORATOR		<b>문</b> :
The <u>name and</u>	address of the Incorporator is:		
Name:	MARTINEZ, MIDIALA		
Address:	1560 NW 122ND ST	<del></del>	
/ (Od/033.	NORTH MIAMI, FL 33167		
Effective date.	II EFFECTIVE DATE:  if other than the date of filing:  e date is listed, the date must be specific and	. (OPTIONAL)  I cannot be more than five days prior or 90 day	ys after the
Note: If the d	ate inserted in this block does not meet the app s effective date on the Department of State's r	olicable statutory filing requirements, this date will ecords.	I not be listed as
Having been this certificate	named as registered agent to accept service of , I am familiar with and accept the appointme	process for the above stated corporation at the p nt as registered agent and agree to act in this capa	lace designated In
ni dio	la Martiny	11/09/200	20
- 111 - 1	Required Signature/Registered Ag	ent	Date
I submit this document to to	document and affirm that the facts stated her he Department of State constitutes a third degi	cin are true. I am aware that the false informative felony as provided for in s.817.155, F.S.	ion submitted in a
	la Martinez	11/09/20	20
	equired Signature/incorporator		Date



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<i>3/1</i>	٠,
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RTICLE II . PRIN	CIPAL OFFICE Principal street address		Mailing address	, if different is:
51 NE 62ND STREE	T .		861 NE 62ND STREET	<u>,                                      </u>
ΓLAUDERDALE, F	PL 33334	- <del>-</del>	FT LAUDERDALE, FL	33334
RTICLE III PURP c purpose for which	OSE the corporation is organized is:	ANY AND ALL LA	WFUL BUSINESS	20 HOV
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mumber of shares of	Stock is: 1,000 STRAKES AT ST.  AL OFFICERS AND/OR DIREC  MOHAMMED ALAMGIR - P	<i>TORS</i>	uu ime:	) M. RAHMAN -VPDS
	AL OFFICERS AND/OR DIRECT  MOHAMMED ALAMGIR - P  11585 HIBBS GROVE DR	TORS  DT Name a	6001 TOTALEO	<del>_</del>
t mumber of shares of  TICLE V INITIA  Name and Title	Stock is: 1,000 STRAKES AT ST.  AL OFFICERS AND/OR DIREC  MOHAMMED ALAMGIR - P	TORS  DT Name a	6001 TOTALEO	N ST, APT #6
e mumber of shares of  TICLE V INITIA  Name and Title	AL OFFICERS AND/OR DIRECT  MOHAMMED ALAMGIR - P  11585 HIBBS GROVE DR	TORS  DT Name a	6901 JOHNSO	N ST, APT #6
number of shares of  TICLE V INITIA  Name and Title  Address	AL OFFICERS AND/OR DIRECT MOHAMMED ALAMGIR - P. 11585 HIBBS GROVE DR COOPER CITY, FL 33330-880	TORS  DT Name a Addres	6901 JOHNSO HOLLYWOOI	N ST, APT #6 D, FL 33024
Name and Title:  Name and Title:	AL OFFICERS AND/OR DIRECT MOHAMMED ALAMGIR - P  11585 HIBBS GROVE DR  COOPER CITY, FL 33330-880	TORS  DT Name a Addres  05 Name a	6901 JOHNSO HOLLYWOOI	N ST, APT #6 D, FL 33024
number of shares of  TICLE V INITIA  Name and Title  Address	AL OFFICERS AND/OR DIRECT MOHAMMED ALAMGIR - P. 11585 HIBBS GROVE DR COOPER CITY, FL 33330-880	TORS  DT Name a Address  Name a Address  Address	6901 JOHNSO HOLLYWOOI	N ST, APT #6 O, FL 33024
Name and Title:  Name and Title:	AL OFFICERS AND/OR DIRECT MOHAMMED ALAMGIR - P  11585 HIBBS GROVE DR  COOPER CITY, FL 33330-880	TORS  DT Name a Address  Name a Address  Address	6901 JOHNSO HOLLYWOOI	N ST, APT #6 O, FL 33024
TICLE V INITION  Name and Title  Address  Name and Title	AL OFFICERS AND/OR DIRECT MOHAMMED ALAMGIR - P. 11585 HIBBS GROVE DR COOPER CITY, FL 33330-880	TORS  DT Name a Address  Name a Address  Address	6901 JOHNSO HOLLYWOOI  and Title:	N ST, APT #6 O, FL 33024
TICLE V INITION  Name and Title  Address  Name and Title  Address	AL OFFICERS AND/OR DIRECT MOHAMMED ALAMGIR - P  11585 HIBBS GROVE DR  COOPER CITY, FL 33330-880	TORS  DT Name a Address  Name a Address  Address	6901 JOHNSO HOLLYWOOI  and Title:	N ST, APT #6
TICLE V INITION  Name and Title  Address  Name and Title  Address	AL OFFICERS AND/OR DIRECT MOHAMMED ALAMGIR - P. 11585 HIBBS GROVE DR COOPER CITY, FL 33330-880	TORS  DT Name a Address  Name a Address  Address	6901 JOHNSO HOLLYWOOI  and Title:	N ST, APT #6

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Name a	nd Title:	Name and Title:	7 1
Addres	ss	Address:	
			<u> </u>
			• H
	REGISTERED AGENT Florids strict address (P.O. Box NOT acceptable	of the registered agent is:	a
Name:	MOHAMMED ALAMGIR	,	20 NOV
Address:	861 NE 62ND STREET		01.0
	FORT LAUDERDALE, FL. 33334	_	
ARTICLE VIL	INCORPORATOR		~ . √> **
The name and a	address of the Incorporator is:		•
Name:	MOHAMMED ALAMGIR	<del></del>	
Address:	861 NE 62ND STREET		
•	FORT LAUDERDALE, FL. 33334	· .	
	EFFECTIVE DATE:  1 other than the date of filing: NOVEMBER 9	TH 2020 (OPTIONAL)	
	date is listed, the date must be specific and can		days after the
Note: If the dat	e inserted in this block does not meet the applical effective date on the Department of State's record	ble statutory filing requirements, this date is.	will not be listed as
Having been na certificate, I am	med as registered agent to accept service of proces familiar with and accept the appointment as regis	s for the above stated corporation at the pl tered agent and agree to act in this capaci	ace designated in this ty
J (D)	me 7	NOVE	MBER 9TH 2020
	Required Signature/Registered Agent		Date
I submit this do document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false inform ony as provided for in s.817.155, F.S.	ration submitted in a
1 / 100	MAN TO THE PARTY OF THE PARTY O	NOVE	MBER 9TH 2020
Required Signat	pre/Incorporator	Date	<u> </u>