

P20000093484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

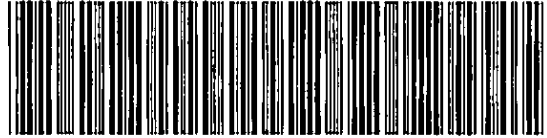
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/24/20--01002--015 \*\*70.00

2020 NOV 24 PM 12:31

FIL 1-1)

October 30, 2020

Department of State  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
2020 NOV 24 PM 12:31

Re: Georank Marketing Services Inc

To whom it may concern:

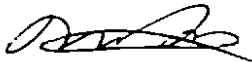
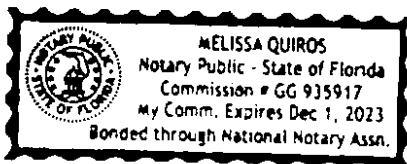
By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,



Frank Rubio Martinez



## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

2020 NOV 24 PM 12:31  
F11 E11

SUBJECT: Georank Marketing Services Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Maria E. Ruiz  
Name (Printed or typed)

7750 S.W. 117 Ave Sd 2010  
Address

Miami Florida 33183  
City, State & Zip

305-595-2407  
Daytime Telephone number

mariaquirosg@hotmail.com  
E-mail address: (to be used for future annual report notification)

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

**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: Georank Marketing Services Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8539 N.W. 46 Drive  
Coral Springs Florida 33067

7750 S.W. 117 Ave Suite 2010  
Miami Florida 33183

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all legal business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE IV SHARES**

The number of shares of stock is: 100 @ \$1.00 ea.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Frank Martinez Rubio, Pres Name and Title: \_\_\_\_\_

Address: 8539 N.W. 46 Drive Address: \_\_\_\_\_  
Coral Springs Florida 33067 \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: Frank Martinez Rubio

Address: 8539 N.W. 46 Drive  
Coral Springs Florida 33067

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Frank Martinez Rubio

Address: 8539 N.W. 46 Drive  
Coral Springs Florida 33067

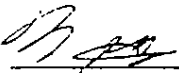
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/25/2020 (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*



Required Signature/Registered Agent

11/17/2020  
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.*



Required Signature/Incorporator

11/17/2020  
Date