P21000030640

(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

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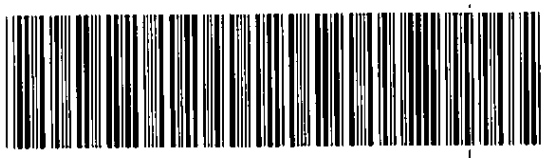

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2021 SEP -6 AM 10:21

2021 SEP -9 PM 2:16

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 745275 8134964

AUTHORIZATION :

COST LIMIT : $ 70.00

ORDER DATE : April 5, 2021

ORDER TIME : 4:12 PM

ORDER NO. : 745275-005

CUSTOMER NO: 8134964

DOMESTIC FILING

NAME: 3290 MARTIN DOWNS INC.

EFFECTIVE DATE:

XX____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: 3290 Martin Downs 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 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Linda Chase
Name (Printed or typed)

423 Delaware Avenue
Address

Ft. Pierce, FL 34950
City, State & Zip

772-464-8008
Daytime Telephone number

receptionist@floridalegal.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: 3290 Martin Downs Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

3290 SW Martin Downs Blvd.
Palm City, FL 34990

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: restaurant

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pasquale Lamarra, P
Address: 3290 SW Martin Downs Blvd
Palm City, FL 34990

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

2001 APR -6 AM 10:21

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: Roy T. Mildner

Address: 423 Delaware Avenue
Ft. Pierce, FL 34950

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pasquale Lamarra

Address: 3290 SW Martin Downs Blvd.
Palm City, FL 34990

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

_____ April 1, 2021

Required Signature/Registered Agent 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.

_____ April 1, 2021

Required Signature/Incorporator Date