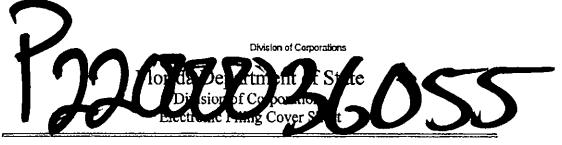
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Division of Corporations

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Account Number : I20200000044
Phone : (786)537-3766
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FLORIDA PROFIT/NON PROFIT CORPORATION INV MARTIN 3 CORP

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COVER LETTER

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

SUBJECT: <u>INV</u>	MARTIN 3 CORP		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
☑ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	GIANCARLO VALENTINO CARRASCO CAMACHO Name (Printed or typed)		
_		2 AVE APT 419 Address	
		AL, FL 33178 State & Zip	
	3059726220 Daytime Telephone number		
-	kmlmultise E-mail address: (to be use	rvicescorp@gmail.com d for future annual report	notification)

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

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ARTICLES OF INCORPORATION

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

name of the corpora	ation shall be: INV MARTIN 3 CC			
TICLE II PRIN	CIPAL OFFICE			
	Principal street address	Muiling a	address, if different is:	
DORAL FI	8450 NW 102 AVE APT 419 8249 NW 36TH ST			
DORAL, I L	. 33176		ITE 212 DRAL, FL 33166	
			/KAL, PL 33100	
TICLE III <u>P</u> URF	wer			
purpose for which	the corporation is organized is:A	LL LAWFUL BUSINESS		
•		· · · · · · · · · · · · · · · · · · ·		
				•
TICLE IV SHAI	RES			
TICLE IV SHAI				
number of shares o	f stock is: 100			
number of shares o				
number of shares o	f stock is: 100			
number of shares	f stock is: 100 AL OFFICERS AND/OR DIRECTORS de: GIANCARIO V CARRASCO C - PRESID	ENT Name and Title:		
number of shares o	f stock is: 100 AL OFFICERS AND/OR DIRECTORS			
number of shares	f stock is: 100 AL OFFICERS AND/OR DIRECTORS de: GIANCARIO V CARRASCO C - PRESID	ENT Name and Title:		
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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

KATHERINE CAICEDO '	05/02/2022
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.

Required Signature/Incorporator Date