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(R	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	WAIT	MAIL
(B)	usiness Entity Name)	
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(D	ocument Number)	
Certified Copies	Certificates o	f Status
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Special Instructions to F	iling Officer:	
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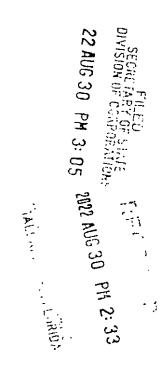
Office Use Only



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S. CHATHANA

- (64 - 7 C), -64 764 - 688 - **4**470,70



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	<u> </u>	_
MARSOT CORP		
		<del>-</del>
		_
		Art of Inc. File
	-	LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Cianotura		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: SETH		UCC 1 or 3 File
	T'	UCC 11 Search
Name Date	Time	UCC II Retrieval
Walk-In Will Pick	Up	Courier

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

<u>ARTICLE I NAME</u>				
The name of the corpora	tion shall be: MAR	SOT CORP	·	
ARTICLE II PRING 55 SW 9th STREET STE. 21 MIAM!, FL 33130	Principal street address		Mailing address, if different is: ICE DE LEON BLVD., STE. 1050 GABLES, FL 33134	
ARTICLE III PURPO The purpose for which t	OSE the corporation is organized is:			
FOR ANY AND ALL LAV	VFUL BUSINESS		22 AUG 3	
			D PH 3: 05	
	L OFFICERS AND/OR DIRECTOR.		KARINA SOTOMAYOR - SD	
			55 SW 9th STREET STE. 2105	
	MIAMI, FL 33130	<del></del>	MIAMI, FL 33130	
Name and Title:	ANDREA MARTINEZ - VPD	Name and Title:	·	
Address	55 SW 9th STREET STE, 2105 MIAMI, FL 33130	<del></del>		
Name and Title:		Name and Title:		
Address		Address:		
			<del></del>	

Name	and Title:	_Name and Title:	
Addre	.ss	Address:	<del></del>
		<del> </del>	
	<del> </del>		<del></del>
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	CONSULTING SERVICES OF SOUTH FLOR	IDA INC	
Address:	2121 PONCE DE LEON BLVD STE, 1050	_	22 22
	CORAL GABLES, FL 33134	_	SECRE VISION AUG
ARTICLE VII	INCORPORATOR		SO SA
The name and	address of the Incorporator is:		PH 3:
Name:	ANTONIO GARCIA	-	1415 1416) 3: 05
Address:	2121 PONCE DE LEON BLVD STE. 1050	_	¥.
	CORAL GABLES, FL 33134	<del>-</del>	
Effective date,	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and cannot	(OPTIONAL) ot be more than five days prior or 9	0 days after the
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this dat	e will not be listed as
Having been na certificate, I am	med as registered agent to accept service of process for familiar with and accept the appointment as registere	or the above stated corporation at the p d agent and agree to act in this capaci	lace designated in this ty
	1 Min June		29-2022
	Required Signature/Registered Agent		Date
I submit this do document to the	cument and affilm that the facts stated herein are Department of State constitutes a third degree felo	true. I am aware that the false inform ny as provided for in s.817.155, F.S.	nation submitted in a
	Antro Jana	08-29	9-2022
Required Signat	ure/Incorporator	Date	