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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : DOSSANTOS AND MACHADO, LLC
Account Number : I20140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@GFSTAXACCT.COM

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FLORIDA PROFIT/NON PROFIT CORPORATION

Markin Agency Corp

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$78.75

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H23000323888 3

COVER LETTER

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

SUBJECT: Markin Agency Corp
(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: GILVAM DOS SANTOS
Name (Printed or typed)

11764 W SAMPLE RD STE 102
Address

CORAL SPRINGS, FL 33065
City, State & Zip

754-301-2128
Daytime Telephone number

INFO@GFSTAXACCT.COM
E-mail address: (to be used for future annual report notification)

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

H23000032388 83

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: Markin Agency Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address
735, Tivoli Circle, Apt 102
DEERFIELD BEACH, FL 33441

Mailing address, if different is:
735, Tivoli Circle, Apt 102
DEERFIELD BEACH, FL 33441

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marcos Aurélio Ormindo Conceição - President
Address: 735, Tivoli Circle, Apt 102
DEERFIELD BEACH, FL 33441

Name and Title: Nathalia da Silva Chueng Ormindo - Vice President
Address: 735, Tivoli Circle, Apt 102
DEERFIELD BEACH, FL 33441

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H23000323888 3

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: Marcos Aurélio Ornindo Conceicao

Address: 735, Tivoli Circle, Apt 102

DEERFIELD BEACH, FL 33441

ARTICLE VII INCORPORATOR.

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

Name: Marcos Aurélio Ornindo Conceicao

Address: 735, Tivoli Circle, Apt 102

DEERFIELD BEACH, FL 33441

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

Marcos Aurélio Ornindo Conceicao 09/12/2023

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.

Marcos Aurélio Ornindo Conceicao 09/12/2023

Required Signature/Incorporator Date