

Florida Department of State

Division of Corporations

Incorporating Cover Sheet

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Note: Please print this page and use it as a cover sheet. Type the audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : MS ACCOUNTING & TAXES CORP
Account Number : I20200000030
Phone : (786) 346-8844
Fax Number : (786) 502-3694

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

Email Address:Luzmorejon2780@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION**Marinas Sabores Corp**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2024 SEP - 3 AM 9:07
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TALLAHASSEE, FL

ARTICLES OF INCORPORATION

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

ARTICLE I NAME OF CORPORATION

The name of the corporation shall be **Marinas Sabores Corp.**

ARTICLE II PRINCIPAL PLACE OF BUSINESS

The principal place of business of this corporation shall be:

18920 SW 311th ST
Homestead, FL 33030

The mailing address of the business of this corporation shall be:

18920 SW 311th ST
Homestead, FL 33030

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: 100

STATE OF FLORIDA
HOMESTEAD, FL

FILED

2024 SEP -3 PM 3:07

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name: Luz Marina Morejon
Title: President
Address: 18920 SW 311th ST
Homestead, FL 33030

ARTICLE VI REGISTERED AGENT

Name: Luz Marina Morejon
Address: 18920 SW 311th ST
Homestead, FL 33030

ARTICLE VII INCORPORATOR

Name: Luz Marina Morejon
Address: 18920 SW 311th ST
Homestead, FL 33030

ARTICLE VIII EFFECTIVE DATE:

Effective Date: 09/03/2024

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

09/03/2022

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, FG.

Required Signature/Incorporator

Date