

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0191 FAX

000-142-8086



P9500028484

ACCOUNT NO. : 072100000032

REFERENCE : 575029 10603A

AUTHORIZATION :

Patricia Pysick

COST LIMIT : \$ 122.50

ORDER DATE : April 10, 1995

ORDER TIME : 9:05 AM

100001452871

ORDER NO. : 575029

CUSTOMER NO: 10603A

CUSTOMER: Harvey K. Mattel, Esq
HARVEY K. MATTEL, ESQ

Fifth Floor
633 South Federal Highway
Fort Lauderdale, FL 33301

DOMESTIC FILING

NAME: MAREK TECHNOLOGIES, INC.

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS: _____

RECEIVED
95 APR 11 PM 10:21
DIVISION OF CORPORATION

FILED
95 APR 11 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FL 32304

T. BROWN APR 11 1995

ARTICLES OF INCORPORATION
OF
MAREK TECHNOLOGIES, INC.

FILED
95 APR 11 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator heroby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

MAREK TECHNOLOGIES, INC.

The address of the principal office of this corporation shall be 3200 Northeast 14th Street Causeway, Pompano Beach, Florida 33062, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 8,000,000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunto set their hand and seal of Corporation Information Services, Inc., on April 11, 1995.

CORPORATION INFORMATION SERVICES, INC.

By: Gail Shelby
Its Agent, Gail Shelby

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

FILED
95 APR 11 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FL 32304

Corporation Information Services, Inc., a Florida corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By: Gail Shelby
Its Agent, Gail Shelby

GLS/dks

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P05000028484

Corporation Name

MAREK TECHNOLOGIES, INC.

Mailing Address
3200 N.E. 14th St. Causeway
Pompano Bch, FL 33062

Principal Place of Business

3200 N.E. 14th St. Causeway
Pompano Bch., FL 33062

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Mailing Address, if Applicable

N/A

3 New Principal Office Address, if Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

96 OCT 21 AM 0:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4 Date Incorporated or Qualified
To Do Business in Florida 4-12-95

5 FEI Number

applied for

XX

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Bradbury, Alexander M.	3200 N.E. 14th St. Causeway	Pompano Bch, FL 33062

300001988663--6

-10/29/96--01080--026

****375.00 ****375.00

BB10-20-96

8. Name and Address of Current Registered Agent

Corporation Service Company
1201 Nays Street
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Karen B. Rozar

REGISTERED AGENT MUST SIGN

Karen B. Rozar, As Agent

X Date 10.10.96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Alexander M. Bradbury, President 9/4/96 (954)946-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR02000 (6-94)

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

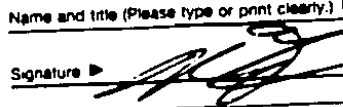
EIN

OMB No. 1545-0003
Expires 12-31-96

1 Name of applicant (Legal name) (See instructions.) Marek Technologies, Inc.		3 Executor, trustee, "care of" name A. Marek Bradbury	
2 Trade name of business, if different from name in line 1		5a Business address, if different from address in lines 4a and 4b	
4a Mailing address (street address) (room, apt., or suite no.) 3200 N.E. 14th Street Causeway		5b City, state, and ZIP code	
4b City, state, and ZIP code Pompano Beach, Florida 33062		6 County and state where principal business is located Broward County, Florida	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶			
8a Type of entity (Check only one box.) (See instructions.)			
<input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Trust			
<input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Partnership			
<input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input checked="" type="checkbox"/> Other corporation (specify) profit <input type="checkbox"/> Farmers' cooperative			
<input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> Federal government/military <input type="checkbox"/> Church or church controlled organization			
<input type="checkbox"/> Other (specify) ▶ (enter GEN if applicable)			
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶		State Florida Foreign country	
9 Reason for applying (Check only one box.)			
<input checked="" type="checkbox"/> Started new business (specify) ▶ <input type="checkbox"/> Changed type of organization (specify) ▶			
<input type="checkbox"/> Hired employees <input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Created a trust (specify) ▶			
<input type="checkbox"/> Banking purpose (specify) ▶ <input type="checkbox"/> Other (specify) ▶			
10 Date business started or acquired (Mo., day, year) (See instructions.)		11 Enter closing month of accounting year (See instructions.)	
April 11, 1995		December	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)			
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."			
Nonagricultural 0 Agricultural 0 Household 0			
14 Principal activity (See instructions.) ▶ Computer services			
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No			
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.			
Legal name ▶ Trade name ▶			
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.			
Approximate date when filed (Mo., day, year) City and state where filed Previous EIN			

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **A. Marek Bradbury, President** Date ▶ **4-21-95**

Signature ▶ 

Business telephone number (include area code) **(305) 946-3000 ext. 1**

Please leave blank ▶

Ind. ☐ Geo. ☐ Class ☐ Size ☐ Reason for applying

For Paperwork Reduction Act Notice, see attached instructions. Cat. No. 19066N Form **SS-4** (Rev. 12-93)