

P 13000007538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

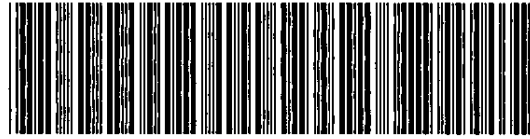
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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13 JAN 22 PM 3:54

FILED  
STATE  
CORPORATIONS

1/23/13

**COVER LETTER**

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

SUBJECT: Scrap Metal Transport, Inc.  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: FRANK Matero  
Name (Printed or typed)

5121 Lemon Bay Drive  
Address

Venice Florida 34293  
City, State & Zip

845 313 7471  
Daytime Telephone number

tmatero1024@aol.com  
E-mail address: (to be used for future annual report notification)

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 RECEIVED  
 DIVISION OF CORPORATIONS  
 DEPARTMENT OF STATE

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

**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: Scrap Metal Transport, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5121 Lemon Bay Drive  
Venice, FL 34293

P.O. Box 1116  
Venice, FL 34284

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Transportation

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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STATE OF FLORIDA  
CORPORATION DIVISION

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Frank Matero, Pres. Name and Title: Patricia Matero / Sec.

Address: P.O. Box 1116 Address: P.O. Box 1116  
Venice FL 34284 Venice, FL 34284

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(conti.)

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: Frank Matero  
 Address: 5121 Lemon Bay Dr.  
Venice FL 34293

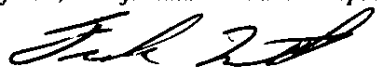
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 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Patricia Matero  
 Address: P.O. Box 1116  
Venice FL 34284

*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*

 1/16/13  
 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.*

Patricia Matero 1/16/13  
 Required Signature/Incorporator Date