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(Address)

(Address)

(City/State/Zip/Phone #)

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10/21/14 AB

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Matus Distributors Inc

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Grant A Matus

Name of Person

Matus Distributors Inc

Firm/Company

11 Marksman Lane

Address

Levittown, NY 11756

City/State and Zip code

grantmatus@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Grant Matus

Name of Person

at (516) 582-9547

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. **Matus Distributors Inc**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **New York**

(State or country under the law of which it is incorporated)

3. **26-3922453**

(FEI number, if applicable)

4. **December 17, 2008**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **January 20, 2014**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **11 Marksman Lane, Levittown, NY 11756**

(Principal office address)

5794 Storybook Lane, Boynton Beach, FL 33437

(Current mailing address)

Unit # 49A

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Arnold Christie**

Office Address: **5794 Storybook Lane**

Boynton Beach

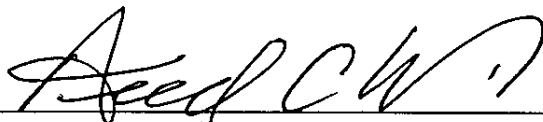
(City)

33437

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Grant A Matus

Address: 11 Marksman Lane, Levittown, NY 11756

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Grant A Matus

Address: 11 Marksman Lane, Levittown, NY 11756

Vice President: _____

Address: _____

Secretary: Dana Matus

Address: 11 Marksman Lane, Levittown, NY 11756

Treasurer: Dana Matus

Address: 11 Marksman Lane, Levittown, NY 11756

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Grant A Matus, President

(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MATUS DISTRIBUTORS INC. was filed on 12/17/2008, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 02nd day of September two
thousand and fourteen.*

Anthony Scardino

Executive Deputy Secretary of State

MATUS DISTRIBUTORS INC
11 MARKSMAN LANE
LEVITTOWN NY 11756

14 OCT 17 PM 2:10
STATE
PALM BEACH, FLORIDA

Enclosed is the information you requested. Your payment of \$25.00 is hereby acknowledged.

If the name on the enclosed document(s) does not match exactly with the name of the entity you requested, this office does not have a record of the exact name you requested. The document(s) provided appear(s) to be of sufficient similarity to be the entity requested.