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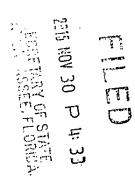
(Red	questor's Name)				
(Address)					
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(City	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
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Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

	egistration Secti				
SUBJEC	Matrix Mod	el Staffing Inc.			
SCHOL		Name of	corporation	- must include suffix	
Dear Sir o	or Madam:				
"Certifica	ite of Existence,'		of Good Stan	ding" and check are so	sact Business in Florida," ubmitted to register the
	turn all correspoi adig Romano	ndence concernin	g this matter	to the following:	
			Name of I	Person	
Romano	Law PLLC				
			Firm/Com	pany	
55 Broad	Street. 18th Fl.				
			Addre	SS	
New York	k, New York 100	04			
			City/State ar	nd Zip code	
Shaliz@F	RomanoLaw.com	1			
		E-mail address:	(to be used f	or future annual repor	t notification)
For furthe	er information co	oncerning this ma	itter, please c	all:	
Shaliz Sadig Romano		212 at (865 9848		
1	Name of Person		Area Code	Daytime Tele	ephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			Registration Division of P.O. Box 63	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed	is a check for th	e following amo	unt:		
\$70.00) Filing Fee	□ \$78.75 Filing Certificate of		\$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. Matrix Model Staffing Inc. 1. (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) New York 16-1766099 (FEI-number, if applicable) (State or country under the law of which it is incorporated) June 28, 2006 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 37 WALL STREET, SUITE 24K, NEW YORK, NEW YORK, 10005 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Caitlin Willard Name: 900 West Avenue, Suite #237 Office Address: Miami Beach (City) 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. Caitlin Willard (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. Nam	nes and business addresses of officers and/or directors:	
A. DIRI	ECTORS	
Chairman	:	
Address:		
Vice Chai	irman:	
Address:		
	· · · · · · · · · · · · · · · · · · ·	
Director:	Jacquelyn Willard	
Address:	37 Wall Street, Suite 24K	
	New York, NY 10005	
Director:	Alvin Clayton Fernandez	
_	209 Hamilton Avenue	
	New Rochelle, NY 10801	
B. OFF	ICERS Alvín Clayton Fernandez	
President:	209 Hamilton Avenue	
Address: _	New Rochelle, NY 10801	THE TOTAL
	Jacquelyn Willard	
Address: _	ident:	
	New York, NY 10005	
Secretary:		
	If necessary, you may attach an addendum to the application listing addition	onal officers and/or directors
	de a Salaa 1	And Officers and of the octors.
The offic are true a	Signature of Director or Officer per or director signing this document (and who is listed in number 11 above and that he or she is aware that false information submitted in a document togree felony as provided for in s.817.155, F.S.	
13. <u>Jaco</u>	quelyn Willard, Director and Vice President	
	(Typed or printed name and capacity of person signing app	lication)

State of New York **Department of State**

I hereby certify, that the Certificate of Incorporation of MATRIX MODEL STAFFING INC. was filed on 06/28/2006, under the name of MATRIX MODEL MANAGEMENT INC., 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.

A Certificate of Amendment MATRIX MODEL MANAGEMENT INC., changing its name to MATRIX MODEL STAFFING INC., was filed 11/18/2015.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 18th day of November two thousand and fifteen.

Continy Sicidina

Executive Deputy Secretary of State