F18000003145

| (Reque | estor's Name) | |
|------------------------------|-----------------|-------------|
| (Addre | ss) | |
| (Addre | ess) | |
| (City/S | itate/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ess Entity Nan | ne) |
| (Docui | ment Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fili | ng Officer: | |
| W18-55310 | • | j |
| | | |
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June 13, 2018

€ بحدث و

MUHAMMET A TEKKE 100 MAIN ST STE 374 WHITE PLAINS, NY 10601

SUBJECT: MAT VENTURES INC Ref. Number: W18000055310

We have received your document for MAT VENTURES INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please add suffix to alternate name.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 418A00012343



COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|-----------------------|--|------------------|--|--|
| STIRT | MAT VENTURES INC | | | |
| 170100 | . | corporation - | must include suffix | |
| Dear S | ir or Madam: | | | |
| "Certi | iclosed "Application by Foreign Corplicate of Existence," or "Certificate of referenced foreign corporation to tran | f Good Standi | ing" and check are submit | |
| | return all correspondence concerning | g this matter to | o the following: | |
| | | Name of Pe | erson | , |
| MAT | VENTURES INC | | | |
| | | Firm/Compa | any | _ |
| 100 M | AIN ST STE 374 | | | |
| | | Address | ; | |
| WHIT | E PLAINS, NY 10601 | | | |
| | (| City/State and | l Zip code | |
| malite | kke@gmail.com | | | |
| | E-mail address: (| to be used for | r future annual report noti | fication) |
| For fu | rther information concerning this mat | ter, please cal | 11: | |
| AZIZ AYDIN 646 at () | | 355-6345 | | |
| | Name of Person | Area Code | Daytime Telephon | e Number |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3 | on orations |
| Enclo | ed is a check for the following amoun | nt: | | |
| □ \$7 | 0.00 Filing Fee | | \$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.

| | orp," "Inc." "Co," or "Corp.") REPAIR INC | | | |
|--|---|--|-----------------------------|--|
| | | | . <u>.</u> , | |
| (If name unavails | able in Florida, enter alternate corporate name | 32-0435482 | • | |
| (State or country under the law of which it is incorporated) | | (FEI number, if ag | (FEI number, if applicable) | |
| 03-11-2014 | 5 | | | |
| (Date | of incorporation) 5 | (Date of duration, if other | than perpetual) | |
| 06-01-2018 | | | | |
| | | in Florida, if prior to registration) | | |
| 180 14 11 67 67 | | 502, F.S., to determine penalty liabil | ity) | |
| 100 MAIN ST 51 | FE 374, WHITE PLAINS NY 10601 | | | |
| | (Princ | ipal office address) | | |
| | | | 2916 | |
| | (Current mail | ing address, if different) | | |
| Name and stree | et address of Florida registered agent: (P. | O. Box NOT acceptable) | معلم المراز | |
| Name: | AZIZ AYDIN | | PH 4: 16 | |
| Office Address: | 1471 E OSCEOLA PKWY | | 918 F | |
| | KISSIMMEE | 34744 , Florida | | |
| | (City) | (Zip code) | | |
| | | | | |

(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. DIRE | ECTORS MUHAMMET A TEKKE | | | |
|------------|--|-----------|----------|--------|
| | 100 MAIN ST STE 374 | | | |
| Address: | WHITE PLAINS, NY 10601 | | | |
| Vice Chai | rman: | | | |
| Address: | | | · | |
| Director: | | | | |
| | | | | |
| Director: | | | | |
| Address: | | | | |
| B. OFF | ICERS MUHAMMET A TEKKE | ir. | 2918 | |
| | 100 MAIN ST STE 374 | | <u> </u> | ; ; |
| Address: | WHITE PLAINS, NY 10601 | | PR | ΪΤ· |
| Vice Pres | ident: | | <u> </u> | |
| Address: | | *- | 6 | |
| Secretary: | | | | |
| | | | | |
| Treasurer: | · · · · · · · · · · · · · · · · · · · | | | |
| Address: | | | | |
| NOTE: | If necessary, you may attach an addendum to the application listing additional officers at M. A. Te zee Signature of Director or Officer | ıd/or dir | ectors. | |
| The offic | Signature of Director or Officer ser or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Departm | the facts | stated | |

a third degree felony as provided for in s.817.155, F.S.

State of New York **} ss: Department of State**

I hereby certify, that the Certificate of Incorporation of MAT VENTURES INC was filed on 03/11/2014, 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.

The Biennial Statement is past due.



* * *

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 17th day of May two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State