

TRANSMITTAL LETTER

Pod 0000007052

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

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-01/18/02--01043--001
*****78.75 *****78.75

SUBJECT: Mateus F. Santos, Inc.

Enclosed are an original and one (1) copy of the Articles of Incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee & Certification of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy, & Certificate of Status

FROM: Mateus F. Santos
2403 N.W. 15TH Way
Boynton Beach, FL 33436

FILED
02 JAN 18 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

gy 1/28

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Mateus F. Santos, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:

**2403 N.W. 15TH Way
Boynton Beach, FL 33436**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any on time is:

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

**Mateus F. Santos
2403 N.W. 15TH Way
Boynton Beach, FL 33436**

ARTICLE V INCORPORATOR

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

**Mateus F. Santos
2403 N.W. 15TH Way
Boynton Beach, FL 33436**



Signature/Incorporator

01-02-02

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/Registered Agent

01-02-02

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA