

PO2000123225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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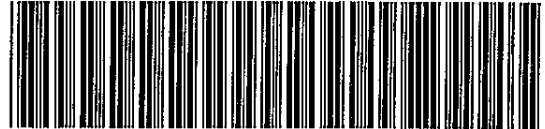
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Matanzas Bay Holding Company
(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

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

ADDITIONAL COPY REQUIRED

FROM: Andrew Norman
Name (Printed or typed)

164 Pelican Reef Dr
Address

St. Augustine, FL 32080
City, State & Zip

(904) 501-5787
Daytime Telephone number

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:

Matanzas Bay Holding Company

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

164 Pelican Reef Dr.
St. Augustine, FL 32080

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all legal business in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Michael Norman (P)
164 Pelican Reef Dr. St. Augustine, FL 32080
Andrew Norman (VST)
164 Pelican Reef Dr. St. Augustine, FL 32080

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

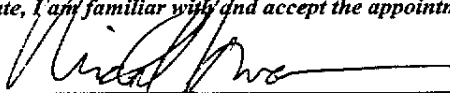
Michael Norman
164 Pelican Reef Dr.
St. Augustine, FL 32080

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Andrew Norman
164 Pelican Reef Dr
St. Augustine, FL 32080

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



Signature/Registered Agent

11/8/02

Date



Signature/Incorporator

11/8/02

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA