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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Mr. Stargeon Gave Authorization by Phone to Correct Art VI Date 12 18403 DOC. EXAM TH					

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Secretary of State

RECEIVED

FLORIDA DEPARTMENT OF STATE 3 DEC 24 PM 1: 37 Glenda E. Hood

December 12, 2003

A CHARIMENT OF STATE DIVISION OF CORFORATIONS TALLAHASSEF, FLORIDA

L M STURGEON, INC. 50 83RD AVE TREASURE ISLAND, FL 33706

SUBJECT: MATRIX SERVICES, INC.

Ref. Number: W03000037883

We have received your document for MATRIX SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2004 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the 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) 245-6855.

Tammy Hampton
Document Examiner
New Filings Section

Letter Number: 103A00066942

TRANSMITTAL LETTER

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

SUBJECT:	atrix Froperty Ber (PROPOSED CORPORA)		HOR SHANKS	_
	(1101052200115111	in the same of the		
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	i a check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM: L	. M. Sturgeon, Inc.	Printed or typed)	of the same	n. (<u>5</u>)
	50 83rd Avenue	ddress	<u> 14. j. (7.7. j. (</u>). (1	
	Treasure Island, Florida 33706 City, State & Zip			. Die Leide
	(727)360-3268	elephone number		e e e

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:

Matrix Services, Inc.

Matrix Property Services, Inc.

Effective Date

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

50 83rd Avenue

Treasure Island, Florida 33706

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Handyman Services

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

L. M. Sturgeon, President 50 83rd Avenue Treasure Island, Florida 33706 ALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

L. M. Sturgeon 50 83rd Avenue Treasure Island, Florida 33706

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

L. M. Sturgeon 50 83rd Avenue Treasure Island, Florida 33706

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

Signature/Incorporate

/2-6-0. Date

5450

Q-6-03