

705000123447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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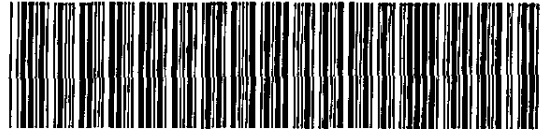
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers SEP 09 2005

705-39416

TRANSMITTAL LETTER

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

SUBJECT: MATARAS CONSULTING, INC.
(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: PETER MATARAS
Name (Printed or typed)

207 EAST LIVINGSTON ST.
Address

ORLANDO, FL. 32801
City, State & Zip

407. 839. 0440
Daytime Telephone number

05 SEP - 7 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

MATARAS CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

207 EAST LIVINGSTON ST.
ORLANDO, FL. 32801

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FINANCIAL PLANNING + INVESTMENTS

ARTICLE IV SHARES

The number of shares of stock is:

~~100~~ 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PETER MATARAS OFFICER

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MATARAS CONSULTING, INC. Peter Mataras
207 EAST LIVINGSTON ST.
ORLANDO, FL. 32801

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PETER MATARAS
207 EAST LIVINGSTON ST.
ORLANDO, FL. 32801

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

Date

Signature/Incorporator

Date

FILED
05 SEP - 7 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8.17.05

8.17.05