P05000140186

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	; #)
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☐ PICK-UP	WAIT	MAIL
(Busi	ness Entity Nan	1e)
(Doct	ument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to Fi	ling Officer:	

Office Use Only



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W0544594

TRANSMITTAL LETTER

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

SUBJECT: REGIAN	NE BOM DE MATOS PA.		
	(PROPOSED CORPORA'	TE NAME – <u>MUST INC</u> U	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
D #=0.00	73 0-0		
\$70.00	☑ \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		ł	Status
		ADDITIONAL CO	B.
		<u> </u>	
FROM: RE	GIANE BOM DE MATOS		
110111.	Name	(Printed or typed)	
	3160 MERRICK TERRACE		
•	<i>x</i>	Address	
	MARGATE, FLORIDA 33063		
•		State & Zip	
	954-782-2211 / 954-298-6576		
•	Daytime T	elephone number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 27, 2005

REGIANE BOM DE MATOS 3160 MERRICK TERRACE MARGATE, FL 33063

SUBJECT: REGIANE BOM DE MATOS PA

Ref. Number: W05000044594

We have received your document for REGIANE BOM DE MATOS PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the total number of shares in article IV not the percent.,

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) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 205A00058886

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

REGIANE BOM DE MATOS PA.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3160 MERRICK TERRACE MARGATE, FLORIDA 33063

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: REAL ESTATE AGENT

ARTICLE IV SHARES

The number of shares of stock is:

100%

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INITIAL OFFICERS AND/OR DIRECTORS

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

REGIANE BOM DE MATOS (PSTD)

REGISTERED AGENT

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

REGIANE BOM DE MATOS 3160 MERRICK TERRACE MARGATE, FL 33063

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

REGIANE BOM DE MATOS 3160 MERRICK TERRACE MARGATE, FL 33063

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