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SECRETARY OF STATE ALL AHAS FEEL CORRESTATE



COVER LETTER

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

SUBJECT:		Matthews,		
Enclosed are an orig	rinal and one (1) copy of the artic	eles of incorporation and	a check for:	
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Ben: 4a P. Name (i inica or typea)	•	The second secon
	Homos9559	ddress	:	The second secon
		2-2534	 	Thus.

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:

R n' B Matthews, Inc.

ARTICLE II - PRINCIPAL OFFICE - The principal place of business/mailing address is:

2151 S. Columbine Ave. Homosassa, FL 34448

ARTICLE III - PURPOSE - The purpose for which the corporation is organized is:

The UPS Store 2659 E Gulf to Lake Hwy. Inverness, FL 34453

ARTICLE IV - SHARES - The number of shares of stock is:

100 shares

Wallace R. Matthews and Benita P. Matthews to own 100 shares as tenants by the entirety.

<u>ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS - List names, addresses and specific titles:</u>

Benita P. Matthews

President

Wallace R. Matthews -

Vice President

<u>ARTICLE VI - REGISTERED AGENT -</u> The name and Florida street address of the registered agent is:

Benita P. Matthews 2151 S. Columbine Ave. Homosassa, FL 34448

ARTICLE VIII - INCORPORATOR - The name and address of the Incorporator is:

Benita P. Matthews Wallace R. Matthews 2151 S. Columbine Ave. Homosassa, FL 34448

Having been named as registered agent to accept service of process of 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

1-00

Domita & matter

Date

Signature/Incorporator

ED

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