

PD80000027016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

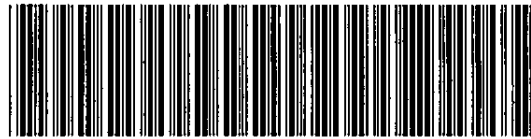
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
3/13

## TRANSMITTAL LETTER

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

SUBJECT: MATTHEW B. JACOBS, 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: MATTHEW B JACOBS  
Name (Printed or typed)

S ARBOR LAKE PARK  
Address

ORMOND BEACH, FL 32174  
City, State & Zip

(386) 483-0322  
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:

MATTHEW B. JACOBS, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

S ARBOR LAKE PARK  
ORMOND BEACH, FL 32174

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL BUSINESS IN THE STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

MATTHEW B. JACOBS PRESIDENT  
S ARBOR LAKE PARK  
ORMOND BEACH, FL 32174

**ARTICLE VI REGISTERED AGENT**

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

MATTHEW B. JACOBS  
S ARBOR LAKE PARK  
ORMOND BEACH, FL 32174

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MATTHEW B. JACOBS  
S ARBOR LAKE PARK  
ORMOND BEACH, FL 32174

\*\*\*\*\*

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/Incorporator

FILED

08 MAR 13 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/4/08

Date

3/4/08

Date