

P110000058252

(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:

Office Use Only



400209123134

06/22/11--01008--003 **78.75

FILED
2011 JUN 22 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FL 32301

SC
6-23-11

COVER LETTER

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

SUBJECT: Matrix Field Services, 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: Susan R. McClain

Name (Printed or typed)

366 145th Ave.

Address

Madeira Beach, FL 33708

City, State & Zip

727 692 8679

Daytime Telephone number

matrixfs1@gmail.com

E-mail address: (to be used for future annual report notification)

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

2011 JUN 22 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FL 32314

FILED

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 Field Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
370 145th Ave
Madeira Beach, FL 33708

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To perform field service operations such a property management, property repair, property maintenance and hiring and sub-contracting personnel to perform these duties.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susan R. McClain, President
Address: 366 145th Ave.
Madeira Beach, FL 33708

Name and Title: Kenneth W. McClain, Vice Pres.
Address: 366 145th Ave.
Madeira Beach, FL 33708

Name and Title: Michael J. Daniell, Secretary
Address: 543 Normandy Rd.
Madeira Beach, FL 33708

Name and Title: Susan R. McClain, Treasurer
Address: 366 145th Ave.
Madeira Beach, FL 33708

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Susan R. McClain,
Address: 366 145th Ave
Madeira Beach, FL 33708

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Susan R. McClain
Address: 366 145th Ave
Madeira Beach, FL 33708

FILED
2011 JUN 22 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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

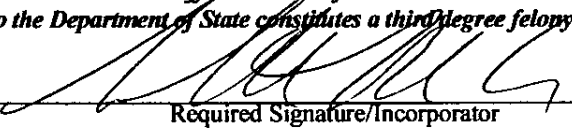


Required Signature/Registered Agent

6/17/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

6/17/2011

Date