

PH1000060300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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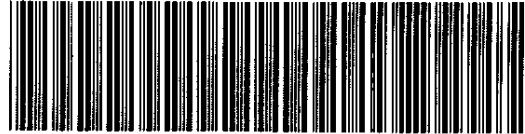
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Matrix Transportation 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: Jean Robert Menard

Name (Printed or typed)

516 Kilimanjaro Dr

Address

Kissimmee, Florida 34758

City, State & Zip

407-288-5305

Daytime Telephone number

Loybe48@Yahoo.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

6/15/10

We are not Planning
to Revoke the Dissolution

We hereby release

the name Matrix Transportation Inc.
to the new Corp
Matrix Transportation Inc.

Little Jags

ARTICLES OF INCORPORATION

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

ARTICLE I NAME Matrix Transportation Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
516 Kilimanjaro Dr
Kissimmee, Fla. 34758

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jean Robert Menard (President)	Name and Title: _____
Address: 516 Kilimanjaro Dr	Address: _____
Kissimmee, Fla. 34758	_____

Name and Title: Ivette Zayas (Vice President)	Name and Title: _____
Address: 516 Kilimanjaro Dr	Address: _____
Kissimmee, Fla. 34758	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Ivette Zayas
Address: 516 Kilimanjaro Dr
Kissimmee, Fla. 34758

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jean Robert Menard
Address: 516 Kilimanjaro Dr
Kissimmee, Fla. 34758

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

Ivette Zayas

Required Signature/Registered Agent

6/12/2011
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.

Jean Robert Menard

Required Signature/Incorporator

6/12/2011
Date

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