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(Requestor's Name)					
•					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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COVER LETTER

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

SUBJECT:	MATTES	MANAGEI	NENT, 1	NC.			
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)							
Enclosed are an ori	ginal and one (1) copy of the	articles of incorporation ar	nd a check for:	_			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED				
FROM:	Richard m	ATTES ame (Printed or typed)					
2	2451 n. man	Mullen Book	n Ad, ster	370			
	Ckarwater, E	L 33759 ity, State & Zip	LAHASS	2312 APR 27			
	73-7 515 Daytim	0388 e Telephone number	Y OF ST	7 PH 1:23			
	CMMattes (6 E-mail address: (10 be 1	omail. Con used for future annual report	notification)	NO.			

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME			•
The name of the	corporation shall be: Matter Mar	radement, J	Enc	
ARTICLE II	PRINCIPAL OFFICE	U	• /	
•	Principal street address 2451 1. MC Mulen Bookh Ac	.a. M	lailing address, if different is:	
	3+ c 370			
	Clear, Dater, FL 33759			
ARTICLE III	PURPOSE			
	which the corporation is organized is:			
· · ·			· ·	
10	consult and manage	other or	tranchise	owner
and	wheless business	. I		
ARTICLE IV				
The number of sh	ares of stock is:			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	RS		
Name and	Title: Pricing matter, preside	M-Name and Title:_		
Address:	SAZI IJ WWW. MINGO BOXHU			
	Clear Water, FL 33759			
		<u>-</u>		
Name and : Address:	Citle:			
rudiess.		Address		
Name and I	Citle:	Name and Title		
Address:		Address:		
			<u> </u>	
		-		
	REGISTERED AGENT		312)	
	orida street address (P.O. Box NOT acceptable) o	of the registered agent	is:	t p
Name: Address:	2451 n. membilen Book	Dd	A Si	File ou
	Ste 270, Clearwater IFL 3	23759	FE Y	3
ADTICI E IIII	INCORPORATOR	_ ,		
The name and ad	dress of the Incorporator is:		<u> </u>	<u> </u>
Name:	Bichard mattes		E N	
Address:	1400 Science of 1246	$\bar{\Sigma}$ d	77' (3	
	Sta 270, clearwater, po	<u> </u>		
Having been nan	ned as registered agent to accept service of proces m familiar with and accept the appointment as reg	ss for the above state	d corporation at the place design	nated in
		, and the age of the age		
	hitch		4/24/12	
	Required Signature/Registered Agent		Date	
submit this doci	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware the	aat the false information submit	ted in a
1),		y as province for m's	.1. /.	
120	in an		4124118	
	Required Signature/Incorporator		Date	