P12000095349

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	<u></u>	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
W12-561	84			

Office Use Only



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COVER LETTER

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

SUBJECT: Matthew Buckley Sampson, Inc.			
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:		
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
FROM: <u>Maria R. Sampson</u>	(Printed or typed)		
4732 Capron St.	Address		
New Port Richey, FL 34653 City, State & Zip			
(727) 243-1364 Daytime To	elephone number		
msampson@tampabay.rr.com E-mail address: (to be used for future annual report notification)			

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 5, 2012

MARIA R. SAMPSON 4732 CAPRON ST. NEW PORT RICHEY, FL 34653

SUBJECT: MATTHEW BUCKLEY SAMPSON, INC.

Ref. Number: W12000056184

We have received your document for MATTHEW BUCKLEY SAMPSON, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 612A00026886

ARTICLE I The name of the	Matthew Buckley Samp	oson, Inc.	
	•		
ARTICLE II		Mailing	Admin if different in
,	Principal street address 4732 Capron St.		ddress, if different is:
	New Port Richey, FL 34653		
ARTICLE III	PURPOSE		
	r which the corporation is organized is:		
	ration has been formed to engage in all	l lawful business	
	·		-
456000000000000000000000000000000000000	OVERDEG		_
ARTICLE IV	shares of stock is: 50 shares	The second of th	9 7
The number of s	shares of stock is: OU Shalles-	The same and the s	
ARTICIA V	INITIAL OFFICERS AND/OR DIRECTOR	28	新兰·5 [·
	Title:Maria R. Sampson, President		· 111 (
Address:	4732 Capron St	Address:	
	4732 Capron St. New Port Richey, FL 34653		
			<u> </u>
Name and	Title: Matthew B. Sampson, Vice Presider	nt Name and Title:	
Address:	4732 Capron St.	Address:	
	4732 Capron St. New Port Richey, FL 34653		
Name and	Title:		
Address:			
Audiess.			
			
			
	REGISTERED AGENT	64	
	Florida street address (P.O. Box NOT acceptable) of		
Name:	Maria R. Sampson		
Address:	4732 Capron St		
	New Port Richey, FL 34653		
ARTICLE VII	INCORPORATOR		
The <u>name and a</u>	address of the Incorporator is:		
Name:	Maria R. Sampson		
Address:	4732 Capron St.		
	New Port Richey, FL 34653		
Having been na	med as registered agent to accept service of proces	s for the above stated corpo	oration at the place designated in
	yet funiliar with and accept the appointment as reg		
		-	
	200		11/9/2012
44	Required Signature/Registered Agent		Date
l submit this do	cument and affirm that the facts stated herein are	true. I am aware that the	false information submitted in a
	Department of State constitutes a third degree felon		
1-4			11/9/22 -
1 47			11/9/2012
1/01	Required Signature/Incorpolator		Dåte