

Nov. 23. 2011 3:57PM  
Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : DAVID C. HASTINGS, CPA, PA  
Account Number : I20000000168  
Phone : (727) 322-0909  
Fax Number : (727) 322-0520

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: DAVID.CHA@TAMPCOMY.PA.USM

FLORIDA PROFIT/NON PROFIT CORPORATION  
MATTHEWS TRANSPORT, INC

Certificate of Status	0
Certified Copy	1
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**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: **MATTHEWS TRANSPORT, INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3031 67TH ST S  
GULFPORT, FL 33707

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **TO PROVIDE TRANSPORTATION SERVICES  
AND ANY OTHER LEGAL BUSINESS IN THE STATE OF FLORIDA**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000 SHARES OF COMMON STOCK**

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

Name and Title: **MARION BERSUCH PRESIDENT**

Address: **3031 57TH ST S**

**GULFPORT, FL 33707**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: **DAVID C HASTINGS CPA**

Address: **2207 64TH ST S**

**GULFPORT, FL 33707**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **DAVID C HASTINGS**

Address: **2207 64TH ST S**

**GULFPORT, FL 33707**

*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*

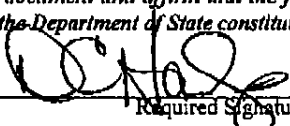


Required Signature/Registered Agent

11/23/2012

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

11/23/2012

Date

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