

P13000007538

(Requestor's Name)

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(Business Entity Name)

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COVER LETTER

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

SUBJECT: Scrap Metal Transport, 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: FRANK Matero
Name (Printed or typed)
5121 Lemon Bay Drive
Address
Venice Florida 34293
City, State & Zip
845 313 7471
Daytime Telephone number
tmatero1024@aol.com
E-mail address: (to be used for future annual report notification)

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

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: Scrap Metal Transport, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5121 Lemon Bay Drive
Venice, FL 34293

P.O. Box 1116
Venice, FL 34284

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Transportation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Frank Matero, Pres.

Address P.O. Box 1116
Venice FL 34284

Name and Title: Patricia Matero / Sec.

Address: P.O. Box 1116
Venice, FL 34284

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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IN
CORPORATION
RECORDS

(conti.)

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:

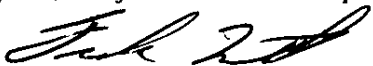
Name: Frank Matero
Address: 5121 Lemon Bay Dr.
Venice FL 34293

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patricia Matero
Address: P.O. Box 1116
Venice FL 34284

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

1/16/13

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.

Patricia Matero

Required Signature/Incorporator

1/16/13

Date

1440
STATE
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