

P130000025928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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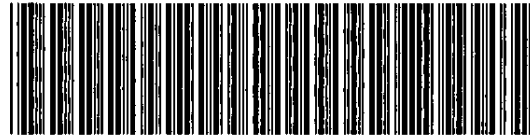
(Business Entity Name)

(Document Number)

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COVER LETTER

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

36-4470902

SUBJECT: METATRON FINANCIAL 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: JACOB FRANCOIS

Name (Printed or typed)

11471 SW HILLCREST CIRCLE

Address

PORT ST LUCIE, FL 34987

City, State & Zip

312-735-6297

Daytime Telephone number

MINJACOB@YAHOO.COM

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

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

36-4470902

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: **METATRON FINANCIAL INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

**6780 SUNSET STRIP
SUNRISE, FL 33313**

Mailing address, if different is:

**11471 SW HILLCREST CIRCLE
PORT ST LUCIE, FL 34987**

ARTICLE III PURPOSE

METATRON FINANCIAL INC is dedicated to providing financial and business services that provide high quality protection and value to our clients

The purpose for which the corporation is organized is:

In addition, we want to be recognized as a premiere source of information in financial services to our clients
and wish to establish a meaningful partnership in the communities that we serve as well as respecting our client's lifelong interests and goals.

ARTICLE IV SHARES 1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **JACOB FRANCOIS, PRESIDENT**

Address: **11471 SW HILLCREST CIRCLE
PORT ST LUCIE, FL 34987**

Name and Title: **MAJOLIE ZEPHIRIN, VICE-PRESIDENT**

Address: **3380 PINEWALK DRIVE
MARGATE, FL 33063**

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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(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: JACOB FRANCOIS

Address: 11471 SW HILLCREST CIRCLE

PORT ST LUCIE, FL 34987

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JACOB FRANCOIS

Address: 11471 SW HILLCREST CIRCLE

PORT ST LUCIE, FL 34987

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

Jacob Francois

Required Signature/Registered Agent

3-12-2013

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.

Jacob Francois

Required Signature/Incorporator

3-12-2013

Date

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