

P13000035389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

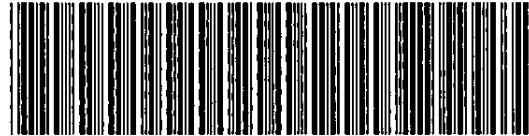
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/18/13--01016--009 **78.75

13 APR 18 AM 9:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA


FILED

April 13th, 2013

Department of State
New Filing Section
Division of Corporations

Corporation does not to attend to revoke the dissolution and hearby relese the name for use by another corporation.

Regards,



Olga L. Perez Castillo
Match Up Store Corp

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13 APR 18 AM 9:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

Match Up Store Corp

SUBJECT: _____
(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: _____
Olga L. Perez Castillo
Name (Printed or typed)
235 SW 32nd Ave
Address
Miami, FL 33135
City, State & Zip
(786) 529-4717
Daytime Telephone number
sergueipm@gmail.com
E-mail address: (to be used for future annual report notification)

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

Match Up Store Corp

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

1139 NW 22nd Ave.

Mailing address, if different is:

235 SW 32nd Ave.

Miami, FL 33125

Miami, FL 33135

USA

USA

ARTICLE III PURPOSE

Any and all lawful business.

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100

The number of shares of stock is: _____

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TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PD: Olga L. Perez Castillo** Name and Title: _____

Address: **1139 NW 22nd Ave.** Address: _____

Miami, FL 33125 _____

Name and Title: **VPD: Yexy Brito Perez** Name and Title: _____

Address: **1139 NW 22nd Ave.** Address: _____

Miami, FL 33125 _____

USA _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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: Olga L. Perez Castillo

Address: 1139 NW 22nd Ave.

Miami, FL 33125

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Olga L. Perez Castillo

Address: 1139 NW 22nd Ave.

Miami, FL 33125

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

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13 APR 18 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04/12/2013

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.



Required Signature/Incorporator

04/12/2013

Date