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## **COVER LETTER**

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

SUBJECT: C. I	F. Mathews, Inc	C. Ate name – <u>must incl</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: N	1athew Fairclot	n e (Printed or typed)	
3	227 Breakers V	Vay	
0	rlando, FL 328	Address  25 , State & Zip	
	City	,	

407-325-3417

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

Daytime Telephone number

mfaircloth1@gmail.com

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)



ARTICLE I NAME The name of the corpora	tion shall be: C. F. Mathews, In	1C.	
	NCIPAL OFFICE	13 JUH ZE	3—PM 3: I
	Principal street address	Mailing address, ibdifferent is: TALLAHAS	RY OF SIM SEE FLORI
3227 Breake		TI W. A. H. C. V.	
Orlando, FL	32825		······································
ARTICLE III PUR	PPOSE the corporation is organized is:  any and	d all lawful business.	
The purpose for which i	ine corporation is organized is.		
		······································	
		MARIE	
	****	, 1	
<del> </del>			
ARTICLE IV SHA The number of shares of	RES 10,000		
The manner of states of	Brown 13.	and the state of t	
	TIAL OFFICERS AND/OR DIRECTORS	5	
Name and Title	Lucita Faircloth, President	Name and Title:	
Address	3227 Breakers Way	Address:	
	Orlando, FL 32825		<del></del>
	Mathew Faircloth Director	Name and Title:	
Name and Title	2227 Prophere May		<del></del>
Address		Address:	
	Orlando, FL 32825		<del> </del>
		<u></u>	
Name and Title	:	Name and Title:	
Address		Address:	<del> </del>
		<del></del>	

(conti.)

Name and	l Title:	Name and Title:	
Address		Address:	SECRETARY DE STATE TALLAHASSEF FLORIDA
ARTICLE VI	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of Mathew Faircloth	of the registered agent is:	
Name:			
Address:	3227 Breakers Way	<del></del>	
	Orlando, FL 32825		
ARTICLE VII The name and ad	INCORPORATOR  dress of the Incorporator is:		
Name:	Mathew Faircloth		
Address:	3227 Breakers Way	_	
	Orlando, FL 32825	<del>-</del>	
	ned as registered agent to accept service of processing familiar with this accept the appointment as re		
<del></del>	Required Signature/Registered Agent	<del> </del>	Date
I submit this document to the J	ument and affirm that the facts stated herein are epartment of Stale constitutes a third degree felo	e true. I am aware that the ny as provided for in s.817.	false information submitted in a
1/1/4	Required Signature/Incorporator		24 June 2013 Date

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