

**P16 0000 29893**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MATRICE CONSULTING USA CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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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: MATRICE CONSULTING USA CORP

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 1985 NW 88th CT SUITE 101  
Mailing address, if different is: DORAL, FL 33172

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ALL LAWFUL BUSINESS

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title:	<u>GISELLE N. NISNIK, PRESIDENT</u>	Name and Title:	_____
Address	<u>1985 NW 88th CT. SUITE 101</u>	Address:	_____
	<u>DORAL, FL 33172</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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DIVISION OF CORPORATIONS  
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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: JARNETTE RODRIGUEZ  
Address: 1985 NW 88th CT STE. 101  
DORAL, FL 33172

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JARNETTE RODRIGUEZ  
Address: 1985 NW 88th CT STE. 101  
DORAL, FL 33172

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 04/04/16 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

04/04/2016

\_\_\_\_\_  
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

04/04/2016

\_\_\_\_\_  
Date

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