

P/6000060357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

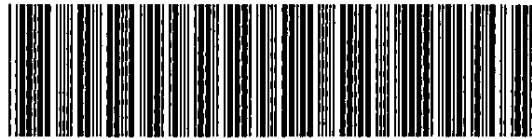
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SECRETARY OF STATE
CORPORATE SERVICES DIVISION

h 07/21/16

COVER LETTER

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

SUBJECT: Matergenics, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Carolyn Tome

Name (Printed or typed)

2039 SE 10th Avenue, Unit 507

Address

Ft. Lauderdale, Florida, 33316

City, State & Zip

412-600-7536

Daytime Telephone number

carolyn.tome@matergenics.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

The name of the corporation shall be: Matergenics, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2039 SE 10th Avenue, Unit 507

7121 Pinehurst Circle

Ft. Lauderdale, Florida 33316

Presto PA 15142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Provide corrosion risk assessment and remediation technical consulting services, and other research and scientific

technical consulting services.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carolyn Tome, President, Treasurer

Name and Title: _____

Address 7121 Pinehurst Circle

Address: _____

Presto, PA 15142

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
RECORDING DIVISION
15 JUL 12 PM 2:29

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: Carolyn Tome
Address: 2039 SE 10th Avenue, Unit 507
Ft. Lauderdale, FL 33316

ARTICLE VII INCORPORATOR

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

Name: Carolyn Tome
Address: 7121 Pinchurst Circle
Presto PA 15142

FILED
JUL 5 2016
16 11 12 PM 21 29

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 1, 2016 (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

Carolyn Tome
Required Signature/Registered Agent

July 5, 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.

Carolyn Tome
Required Signature/Incorporator

July 5, 2016
Date