

PH000036457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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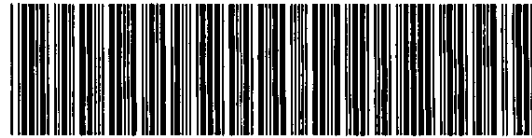
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

APR 24 2017

T SCHROEDER

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Matus Distributors Inc.  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

GRANT MATUS  
Contact Person

Matus Distributors Inc  
Firm/Company

1474 Cades Bay Avenue, Unit 5020  
Address

Jupiter, FL 33458  
City, State and Zip Code

grantmatus@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Grant Matus at (561) 622-5684  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☒ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Matus Distributors Inc 714-4443

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Corporation  
(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of New York  
(Enter state, or if a non-U.S. entity, the name of the country)

on December 17, 2008  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Matus Distributors Inc

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: April 15, 2017  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

**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.

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Signed this 19<sup>th</sup> day of April, 2017.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, ~~Vice Chairman~~, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: GRANT MATIAS Title: President

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: [Signature]

Printed Name: GRANT MATIAS Title: President

Signature: DANA MATIAS

Printed Name: DANA MATIAS Title: Secretary - Treasurer

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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TALLAHASSEE, FLORIDA

**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: Matus Distributors Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

1474 Cades Bay Avenue Unit 5020  
Jupiter FL 33458

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Distribute Snacks to retail outlets.

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: Grant Matus, Pres Name and Title:

Address: 1474 Cades Bay Ave Unit 5020 Address:

Jupiter, FL 33458

Name and Title: DANA Matus, Sec Name and Title:

Address: 1474 Cades Bay Ave Unit 5020 Address:

Jupiter FL 33458

Name and Title: Name and Title:

Address: Address:

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Grant Matus  
Address: 1474 Cades Bay Ave, Unit 5020  
Jupiter, FL 33458

**ARTICLE VII INCORPORATOR**

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

Name: Grant Matus  
Address: 1474 Cades Bay Ave, Unit 5020  
Jupiter, FL 33458

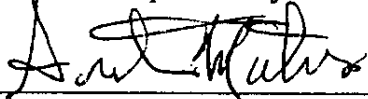
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

4/1/17  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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

4/1/17  
Date

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