

P17000073662

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

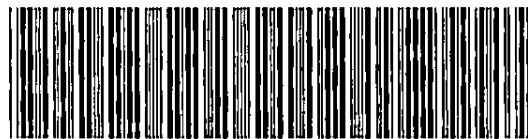
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200303306232

09/05/17--01030--002 \*\*122.50

FILED  
17 SEP -5 AM 9:46  
OFFICE OF THE CLERK

T. BURCH

SEP 6 2017

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** MATHEWS DELIVERIES 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:

ARNALDO FARIAS

Contact Person

MATHEWS DELIVERIES INC.

Firm/Company

3853 NORTHDAL BLVD, SUITE 355

Address

TAMPA, FL 33624

City, State and Zip Code

mathewsdeliveries@yahoo.com

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

For further information concerning this matter, please call:

ARNALDO FARIAS at ( 209 ) 922-8510

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:

MATHEWS DELIVERIES INC.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a FOREIGN 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 CALIFORNIA  
(Enter state, or if a non-U.S. entity, the name of the country)

on JUNE 24, 2010

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:

FLORIDA

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

MATHEWS DELIVERIES INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: JANUARY 1, 2017

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**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.

FILED  
17 SEP -5 AM 9:48

Signed this 30TH day of AUGUST, 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:

Printed Name: ARNALDO FARIAS Title: CFO

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

Signature: Vandalivia dos Santos Farias

Printed Name: VANDALIVIA FARIAS Title: CEO

Signature: Arnaldo dos Santos de Farias

Printed Name: ARNALDO FARIAS Title: CFO

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)

**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: MATHEWS DELIVERIES INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address  
3853 NORTHDALD BLVD

SUITE 355

TAMPA, FL 33624

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THE PURPOSE OF THE COPORATION IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A

CORPORATION MAY BE ORGANIZED UNDER THE GENERAL CORPORATION LAW OF FLORIDA OTHER

THAN THE BANKING BUSINESS, THE TRUST COMPANY BUSINESS OR THE PRACTICE OF A PROFESSION

PERMITTED TO BE INCORPORATED BY THE FLORIDA CORPORATIONS CODE.

**ARTICLE IV SHARES**

The number of shares of stock is: 125,000

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

Name and Title: VANDALIVIA FARIAS - CEO

Address: 3853 NORTHDALD BLVD, SUITE 355

TAMPA, FL 33624

Name and Title: ARNALDO FARIAS - CFO

Address: 3853 NORTHDALD BLVD, SUITE 355

TAMPA, FL 33624

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**

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

Name: ARNALDO FARIAS  
Address: 3853 NORTHDAL BLVD, SUITE 355  
TAMPA, FL 33624

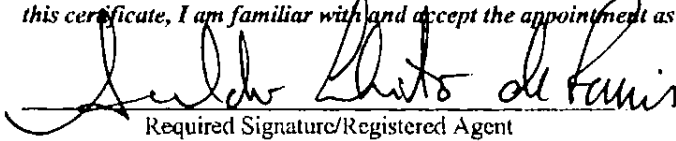
**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: ARNALDO FARIAS  
Address: 3853 NORTHDAL BLVD, SUITE 355  
TAMPA, FL 33624

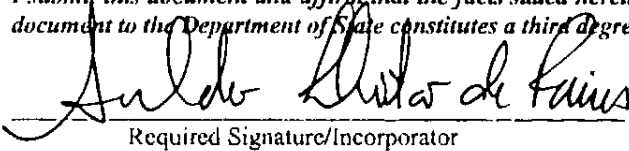
\*\*\*\*\*

*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

08/30/2017  
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

08/30/2017  
Date

FILED  
17 SEP -5 AM 9:48