

P18 00000 9366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

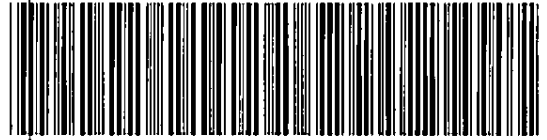
(Business Entity Name)

(Document Number)

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

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RECEIVED  
DEPARTMENT OF STATE  
18 JAN 29 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2018 JAN 30 10:09  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Matt Felot Const. Corp  
(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 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

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

FROM: MATT FELOT Const  
Name (Printed or typed)

5219 BUCK LAKE RD  
Address

Tallah FLA. 32317  
City, State & Zip

850-556-7488  
Daytime Telephone number

\_\_\_\_\_  
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:

MATT FELDT Const. Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

5219

Const BUCK LAKE RD

Tallah. 32317

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Const

ARTICLE IV SHARES

The number of shares of stock is:

3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

MATT FELDT Pres

Address

5219 BUCK  
LAKE RD. TALLA.  
FLA 32317

Name and Title:

BRIAN J PAYNTER VP

Address:

1236 FERNWOOD.  
RD TALLA FLA  
32304

Name and Title:

IVAN L. PAYNTER D

Address

5968 Deer  
Park Ctr. TALLA  
FLA 32311

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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:

MATT FELOT

Address:

5219 BUCK LAKE  
RD TALLA FIA 32317

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

MATT FELOT

Address:

5219 BUCK LAKE  
RD. TALLA FIA 32317

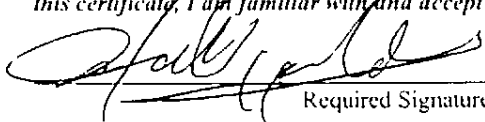
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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

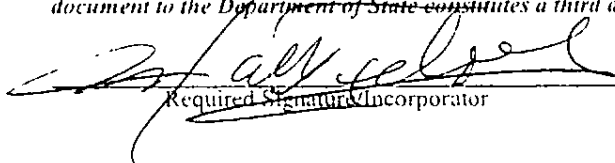


Required Signature/Registered Agent

1-29-18

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

1-29-18

Date

FILED  
2018 JAN 29 4:09  
ASSISTANT