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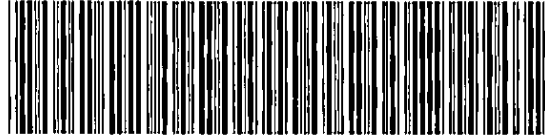
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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18 NOV 15 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SM TRACK HOUSE AND RIDE 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 ☐ \$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: GABRIEL A MATAMOROS

Name (Printed or typed)

10011 PINES BLVD

Address

PEMBROKE PINES FL 33024

City, State & Zip

954-499-9291

Daytime Telephone number

PROFESSIONALS.CONTACT@GMAIL.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

SM TRACK HOUSE AND RIDE CORP

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10011 PINES BLVD

PEMBROKE PINES , FL 33024

ARTICLE III PURPOSE

FOR ALL LEGAL PURPOSE.

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GABRIEL MATAMORROS

Name and Title: _____

Address 19051 COLLINS AVE APT E221

Address: _____

SUNNY ISLES BEACHES, FL 33160

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2018 NOV 15 AM 10:10
CLERK OF DISTRICT COURT
HARRISBURG, PENNSYLVANIA

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: GABRIEL MATAMOROS
Address: 19051 COLLINS AVE APT E221
SUNNY ISLES BEACHES, FL 33160

ARTICLE VII INCORPORATOR

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

Name: GABRIEL MATAMOROS
Address: 19051 COLLINS AVE APT E221
SUNNY ISLES BEACHES, FL 33160

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

Gabe Matamoros 11/15/2018
Required Signature/Registered Agent 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.

Gabe Matamoros 11/15/2018
Required Signature/Incorporator Date