

P19 000 000 000 625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

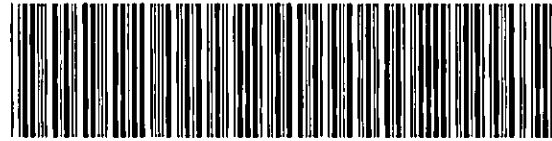
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
19 JAN -3 PM 3:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2019 JAN -3 PM 3:40
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Match one Towing 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 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: Maurice Bates Jr.
Name (Printed or typed)

2206 Hulston St
Address

Tallahassee FL 32310
City, State & Zip

850 345-7613
Daytime Telephone number

Maurice Bates Jr. bates86@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

The name of the corporation shall be: Matchone Towing inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

2206 H.W. 17th St
Tallahassee FL 32310

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To haul cargo

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maurice Bates CEO Name and Title: _____

Address: 2206 H.W. 17th St Address: _____

Tallahassee FL
32310

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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2019 JAN -3 PM 3:47
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

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: Marci Bets

Address: 2206 Holtun St

Tallahassee FL 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marci Bets

Address: 2206 Holtun St

Tallahassee FL 32310


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Jan 3, 19 (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

1/3/19
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

1/3/19
Date

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2019 JAN -3 PM 3:41
TALLAHASSEE
FL
SECRETARY OF STATE