

P19000053322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

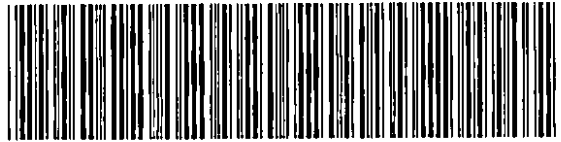
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OFFICE OF STATE
TREASURY, TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 7/5/2019

PRIORITY Routine

OUR REF # (Order ID#) 754769

ORDER ENTITY

META TECHNOLOGIES CORP.

PLEASE PERFORM THE FOLLOWING SERVICES:

META TECHNOLOGIES CORP. (FL)

New corp filing

NOTES:

\$70.00 Authorized

Email address for annual report reminders: lindab@servico.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: META TECHNOLOGIES CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2760 Buckhorn Oaks Drive

Valrico, FL 33594

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 200 no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Harris, President & Director

Address

2760 Buckhorn Oaks Drive

Valrico, FL 33594

Name and Title: Emily Weissman, Vice President

Address:

2760 Buckhorn Oaks Drive

Valrico, FL 33594

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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19 JUL 15 PM 2:15
CLERK OF SUPERIOR COURT
STATE OF FLORIDA
VALRICO, FL

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: David Harris
Address: 2760 Buckhorn Oaks Drive
Valrico, FL 33594

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Linda Burton
Address: 283 Washington Ave.
Albany, NY 12206

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

7-3-19
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

7/3/19
Date

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19 JUL -5 PM 2:15
TALLAHASSEE, FL 06007