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(Business Entity Name)

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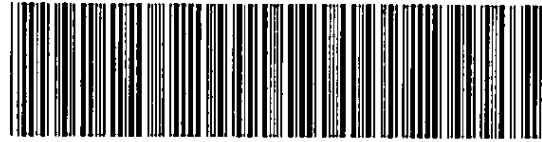
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2021 SEP 27 AM 11:14
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COVER LETTER

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

SUBJECT: MATAYA, 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 ☒ \$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: MATA THOMPSON
Name (Printed or typed)

109 THORNHILL RD
Address

FORT WALTON BEACH, FL 32547
City, State & Zip

850 374 0126
Daytime Telephone number

NEWKARIAN@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: MATAYA INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

327 RACETRACK RD NE UNIT B

FORT WALTON BEACH, FL 32547

Mailing address, if different is:

109 THORNHILL RD

FORT WALTON BEACH, FL 32547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BEAUTY AND SPA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AARON THOMPSON PRESIDENT

Name and Title: MATA THOMPSON VICE PRESIDENT

Address 109 THORNHILL RD

Address: 109 THORNHILL RD

FORT WALTON BEACH, FL 32547

FORT WALTON BEACH, FL 32547

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2021 SEP 27 AM 11:15

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: MATA THOMPSON

Address: 109 THORNHILL RD
FORT WALTON BEACH, FL 32547

ARTICLE VII INCORPORATOR

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

Name: AARON THOMPSON

Address: 109 THORNHILL RD
FORT WALTON BEACH, FL 32547

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

09/22/2021

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.

 Aaron Thompson

Required Signature/Incorporator

09/22/2021

Date