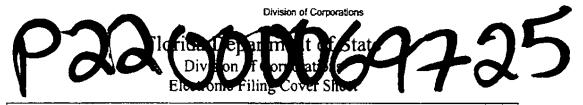
9/8/22, 4:28 PM

Φ



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000310872 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

S. CHATHAM SEP 10 2022

From:

Account Name : TAX S PRO CORP

Account Number : I20200000147

Phone

: (786)307-2733

Fax Number : (954)420-7118

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

<b>E</b> mail	Address	:
---------------	---------	---

INFO@TAXSPRO.COM

## FLORIDA PROFIT/NON PROFIT CORPORATION MATCRACKZ CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

To: +18506176381

	, 1	οf	
--	-----	----	--

Name a	and Title: Name	and Title:
Addres	Addre	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the reg	stered agent is:
Address:	TAX S PRO CORP 8030 PINES BLVD PEMBROKE PINES, FL 33024	SECRETAR DIVISION OF
ARTICLE VII	INCORPORATOR	PR CORP
The name and	address of the Incorporator is:	GRATION
Address:	ANWAR I PUELLO 8030 PINES BLVD PEMBROKE PINES, FL 33024	<b>3</b>
Effective date, (If an effective filing.) Note: If the da	if other than the date of filing:  date is listed, the date must be specific and cannot be me the inserted in this block does not meet the applicable statutor effective date on the Department of State's records.	,
Having been no certificate, I am	amed as registered agentity accept service of process for the a familiar with and accept the appointment as registered agen	ove stated corporation at the place designated in this 1 and agree to act in this capacity
	<u> </u>	09/08/22
	Required Signature Registered Agent	Date

document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

09/08/22

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporate	ion shall be: MATCRA	CKZ CORP		
ARTICLE II PRINC	IPAL OFFICE Principal street address	Mailing address, if different	is:	
<u>6121 SW</u>	28 ST	<u> 6121 SW 28 ST</u>		
MIAMI,	FL 33155	MIAMI, FL 33	155_	
ARTICLE III PURPO The purpose for which the	<u>NSE</u> ne corporation is organized is:		22	0144 1044
ANY AND ALI	L LAWFUL BUSINESS		SE	SIST SECTION
			ĭ	9,7
····			<u> </u>	نفتت. ۲-بن
		-	7	<u> 유유</u>
	<del></del>	···········	<u>မှ</u>	1907 1917 1917 1917 1917 1917 1917 1917
			ယ်	SHO SHO
	PRESIDENT ARROYAVE, MATHEWS	Name and Title:		
Address		Address:		
	6121 SW 28 ST			
	MIAMI, FL 33155	<del></del>		
		Name and Title:		
Address		Address:		
			-	
				_
				_
Name and Title:		Name and Title:		
Address		Address:		
		·		

## **COVER LETTER**

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

SUBJECT:	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
Enclosed बार का original and case (	copy of the articles of incorperation and a check for	r	
<b>20</b> \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM:		X S PRO CORP ne (Printed or typed)	
	8030	PINES BLVD	
		Address NES, FLORIDA 33 7, State & Zip	3024
	·	3072733	
_	Daytime	Telephone number	
	INFO@TAX E-mail address: (to be us	SPRO.COM ed for future annual report	notification)
	•	•	-

NOTE: Please provide the original and one copy of the articles.