

P23 0000 44504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

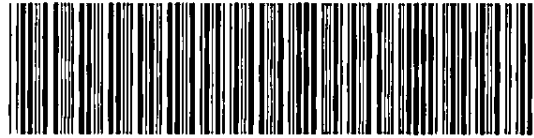
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2023 JUN -9 PM 3:20

FILED
2023 JUN -9 PM 4:52
SULLY
TALLAHASSEE, FL 0604

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 807860 7226556

AUTHORIZATION :



COST LIMIT : \$70.00

ORDER DATE : June 9, 2023

ORDER TIME : 1:26 PM

ORDER NO. : 807860-005

CUSTOMER NO: 7226556

DOMESTIC FILING

NAME: MATUS FH, INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT.

EXAMINER'S INITIALS: _____

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: MATUS FH, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10255 NW 116TH WAY, SUITE 3

MEDLEY, FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALLAN MATUS, PRES.

Name and Title: _____

Address 10255 NW 116TH WAY, SUITE 3,
MEDLEY, FL 33178

Address: _____

Name and Title: TERESA MATUS, VICE-PRES.

Name and Title: _____

Address 10255 NW 116TH WAY, SUITE 3
MEDLEY, FL 33178

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL 32301

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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: ELLIOT L. SCHAEFFER

Address: 255 WEST 94TH ST.

NEW YORK, NY 10025

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

Alexis Weiland-Sorenson, ACP
Required Signature/Registered Agent

06/09/2023
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.

[Signature]
Required Signature/Incorporator

6/6/2023
Date