

P95000036423

AMANDA MATT ENTERPRISES, INC.

**ANNE MARIE LABELLE
4413 N.W. 99th Way
Sunrise, Florida 33351
742-8125**

**FILED
95 MAY -9 PM 1:05
TALLAHASSEE, FLORIDA**

April 19, 1995

Secretary of State
Corporations Division
409 E. Gaines Street
Tallahassee, FL 32399

Enclosed please find our check in the amount of \$122.50, covering filing of the enclosed Articles of Incorporation.

Please return filed Articles to me at the above address.

Thank you.

Very truly yours,

AMANDA MATT ENTERPRISES, INC.


**Anne M. Labelle
Secretary-Treasurer**

/aml
Enclosures

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-04/25/95--01058--008
***122.50 ***122.50

789,615,671
w/95—9068

D. BROWN MAY - 9 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 28, 1995

ANNE M. LABELLE
4413 N.W. 99TH WAY
SUNRISE, FL 33351

SUBJECT: AMANDA MATT ENTERPRISES, INC.
Ref. Number: W95000009068

We have received your document for AMANDA MATT ENTERPRISES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6972.

Doris Brown
Document Specialist

Letter Number: 995A00020332

Corrected and Returned
5/4/95
Anne M. Labelle

**ARTICLES OF INCORPORATION
OF
AMANDA MATT ENTERPRISES, INC.**

FILED
95 MAY -9 PM 1:05
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

AMANDA MATT ENTERPRISES, INC.

The principal place of business of this corporation shall be 4413 N.W. 99th Way, Sunrise, Broward County, Florida 33351.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$1 par value per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 4413 N.W. 99th Way, Sunrise, Florida 33351, and the name of the initial registered agent of the corporation at that address is Anne Marie Labelle.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

This corporation shall have five directors, initially. The names and street addresses of the initial members of the Board of Directors are:

Yolanda Quinones Labelle	1875 S.W. 177 Terrace Miramar Florida 33029
Robert E. Labelle	1875 S.W. 177 Terrace Miramar Florida 33029
Anne M. Labelle	4413 N.W. 99 Way Sunrise Florida 33351
Amanda M. Labelle	1875 S.W. 177 Terrace Miramar Florida 33029
Matthew A. Labelle	1875 S.W. 177 Terrace Miramar Florida 33029

ARTICLE VII. OFFICERS

The names and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Yolanda Quinones Labelle
President

1875 S.W. 177 Terrace
Miramar Florida 33029

Robert E. Labelle
Vice President

Same

Anne M. Labelle
Secretary/Treasurer

4413 N.W. 99 Way
Sunrise Florida 33351

Amanda M. Labelle
Director

1875 S.W. 177 Terrace
Miramar Florida 33029

Matthew A. Labelle
Director

Same

ARTICLE VIII. INCORPORATOR

The name and street address of the incorporator to these

Articles of Incorporation is:

Anne M. Labelle
4413 N.W. 99 Way
Sunrise, Florida 33351

IN WITNESS WHEREOF, the undersigned authorized agent of AMANDA
MATT ENTERPRISES, INC. has hereunto set her hand and seal of the
Corporation this 19th day of April, 1995.

AMANDA MATT ENTERPRISES, INC.

I hereby am familiar with and
accept the duties and
responsibilities as registered
agent for said corporation.

Anne M. Labelle
Anne M. Labelle
Registered Agent

Anne M. Labelle

Anne M. Labelle

Secretary/Treasurer

Authorized Agent

FILED
95 MAY -9 PM 1:05
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

P95000036423

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of money's I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: ANANDA MATT ENTERPRISES INC EIN or SS#: 65-0581677

Address: 4413 NW 99 WAY
SURPRISE FL 33351

Amount: 225 Date Paid 8-12-96

Reason for claim: P95000036423 duplicate
filed with AR

Certified true and correct this 2 day of September, 19 96.

Signature Conce M. Lahele, Treasurer/ Director

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 225

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 97150 NS dated 8-12-96

Name of Account _____
45202130001453000000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____
452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____.

Department of State, Division of Corporations _____
(Agency) (Authorized Signature and Title)