

P07000041553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

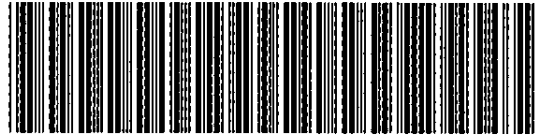
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/03/07--01031--010 **157.50

RECEIVED FILED
07 APR -3 AM 10:31 07 APR -3 AM 10:55
DEPARTMENT OF STATE SECRETARY OF STATE
DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

Handwritten initials/signature

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. C P SCRAP METAL CORP.
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

- Walk in
- Pick up time
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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:

C P SCRAP METAL CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

11310 SW 244 TERRACE
HOMESTEAD, FL 33032

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSACT ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

200 SHARES (TWO HUNDRED SHARES) EACH \$ 1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CARLO E PIEDRAHITA P
11310 SW TERRACE
HOMESTEAD, FL 33032

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CARLOS E PIEDRAHITA
11310 SW TERRACE
HOMESTEAD, FL 33032

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARLOS E PIEDRAHITA
11310 SW TERRACE
HOMESTEAD, FL 33032

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

Carlo E Piedrahita
Signature/Registered Agent

04-02-07
Date

Carlo E Piedrahita
Signature/Incorporator

04 02 07
Date

FILED
07 APR - 3 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA