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(Re	questor's Name)				
(Ad	dress)				
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(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nai	me)			
(Do	cument Number))			
Certified Copies	ertified Copies Certificates of Status				
Special Instructions to	Filing Officer:				

Office Use Only



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COVER LETTER

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

SUBJECT:		NG OF FL	ORIDA INCO	
	(PROPOSED CORPORA	TË NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	i a check for:	
⊠ \$70.00	\$78.75	□ \$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
Ü	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL COPY REQUIRED		
	•			
	•			
EDOM.	MICHAEL	A DECAC	MO JR.	
FROM:	MICHAEL Name	(Printed or typed)	/F/ () U/C,	
	cann 1/a			
_6	5900-49 ST	<u>IVO</u>	 	
	Α	ddress		
	DINELLAC	DADK EL	77 701	
	PINELLAS City.	State & Zip	35/0/	
	727	-688-2	2791	
	Daytime Te	elephone number		
E	AM WELL	1NG QG	MAIC COM	
4	E-mail address: (to be used	for future annual report i	notification)	

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



November 30, 2012

MICHAEL A DECOSMO JR 6900-49 ST NO PINELLAS PARK, FL 33781

SUBJECT: BAM WELDING OF FLORIDA INC.

Ref. Number: W12000059729

We have received your document for BAM WELDING OF FLORIDA INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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 (850) 245-6052.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 212A00028497

ARTICLES OF INCORPORATION

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

ARTICLE II PRINCIPAL OFFICE Principal street address		ress	Mailing	ing address, if different is:		
_	5300 MA 51. PETERS	SIN ST NO		<u> </u>	- 23	
RTICLE III F	PURPOSE	13/14			DEC	
he purpose for wh	ich the corporation is org	ganizeá is: LIMIT	CIABICITY		= =	
				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	유 (B) 3:	
				my is figured. To make the Jan 1988	(%) (\)	
RTICLE IV She number of share	s of stock is: 100					
RTICLE V	INITIAL OFFICERS A	AND/OR DIRECTORS	PRESIDE MIC	HAEL A DE	rosun FR 1	
Address:	6900-49		Address:	() 1 () 10		
	- PINECLAS	33781	.10	SAME		
Name and Titl Address:	e:MIGHAEL A	DECOS UNO TRE	Name and Title:Address:			
	- 5 A 6	NE				
Name and Titl Address:	e: MIOHAEL	A DECOSMOS	stame and Title:			
	SAM	n E				
	REGISTERED AGEN					
ne <u>name and Flori</u> Name: Address:	-72347- RC	Box NOT acceptable) of MERSCHEA	the registered agent is:			
	-LA-RGO	FL 33773				
	NCORPORATOR ess of the Incorporator is:	:				
Name: Address:	MICHAEL 6900-U	P DECOSMO 9 ST NO 5 PARKFU	TR.			
	PINGLLA	S PARKFU	33781			
		ccept service of process j t the appointment as regi			designated in	
Grad	Required Signature	SCACA re/Registered Agent	<u> </u>	/-/- Date	<u>/3</u>	
ubmit this docum	ent and uffirm that the partment of State constitu	facts stated herein are to utes a third degree felony	rue. I am aware that the as provided for in s.817.	false information s 155, F.S.	ubmitted in a	
		ure/Incorporator OECOSUM (1-1-	/3	