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| (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: |
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| Office Man Only |
| Office Use Only |



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TRANSMITTAL LETTER

2004 JAN 20 PM 5: 14

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 TATLAHASSEE FLORIDA

| SUBJECT: DONALD'S WELDING THE (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | |
|---|---------------------------------------|---------------------------------|-------------------------------|--|
| (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) | | | | |
| | | | | |
| Enclosed is an origin | nal and one(1) copy of the article | es of incorporation and a | check for | |
| Diciosed is an origin | iai and one(1) copy of the article | es of meorporation and a | CHECK FOI . | |
| \$70.00 | \$78.75 | \$78.75 | \$87.50 | |
| Filing Fee | Filing Fee & Certificate of Status | Filing Fee & Certified Copy | Filing Fee, Certified Copy | |
| | | | & Certificate of | |
| | | ADDITIONAL CO | Status PY REOUIRED | |
| | | | | |
| FROM: | | | | |
| HAND - IN - HAND PROFESSIONAL SERVICES Name (Printed or typed) | | | | |
| Name (Printed or typed) | | | | |
| 1443 N - PINE HILLS Rd. Address | | | | |
| | A | ddress | | |
| | De a sa | F 200 | · | |
| | City, S | <u>FL - 3,28</u> State & Zip | <u>07</u> | |
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| Daytime Telephone number | | | | |

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) -ARTICLE I The name of the corporation shall be: 2004 JAN 20 PM 5: 14 DONALD'S WELDING ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 7318 KATY NOLL C+ ORLANDO FL - 32818 ARTICLE III PURPOSE The purpose for which the corporation is organized is: WELDING SERVICES ARTICLE IV SHARES ONE HUNDRED The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Phummer (PRESIDENT) DONALD 7318 KATY NOLL Ct. REGISTERED AGENT The name and Florida street address of the registered agent is: RONALD KARRAN HAND - IN - HAND PROFESSIONAL SERVICES 1443 N PINE HILLS Rd DRIANDO FL-32808 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: 7) (NAL) TLUMEL 7318 Katy Noll Court, Orlando, FL 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 Signature/Registered Agent

Signature/Incorporator