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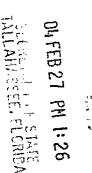
(Requestor's Name)
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TRANSMITTAL LETTER

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

ID LUEVANO WELDING, I	NC.	
(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	(UD) EISUFFIX)
inal and one (1) copy of the ar	ticles of incorporation and	a check for:
☐ \$78.75	□ \$78.75	\$87.50
-	•	Filing Fee,
& Certificate of Status		Certified Copy
		& Certificate of
		Status
	ADDITIONAL CO	PY REQUIRED
Nam	e (Printed or typed)	
617 SABAL		
	Address	
CLEWISTON, FLORIDA	33440	
City	, State & Zip	
1-863-228-3317		
Daytime	Telephone number	
	inal and one (1) copy of the art \$78.75 Filing Fee & Certificate of Status AVID LUEVANO Nam 617 SABAL CLEWISTON, FLORIDA City 1-863-228-3317	Filing Fee & Certificate of Status ADDITIONAL CO AVID LUEVANO Name (Printed or typed) Address CLEWISTON, FLORIDA 33440 City, State & Zip

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 NAME

The name of the corporation shall be: DAVID LUEVANO WELDING, INC.

ED

04 FEB 27 PM 1: 26

CECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 617 SABAL, CLEWISTON, FLORIDA 33440

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: N/A

ARTICLE IV SHARES

The number of shares of stock is: 500 SHARES AT \$1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): DAVID LUEVANO, PRESIDENT, 617 SABAL, CLEWISTON, FLORIDA 33440

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

DAVID LUEVANO, 617 SABAL, CLEWISTON, FLORIDA 33440

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID LUEVANO, 617 SABAL, CLEWISTON, FLORIDA 33440

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

1-19-04 Date 1-19-04

Signature/Incorporator