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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

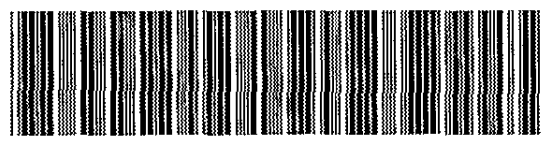
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AND  
FILED  
04 JUL -7 PM 4:48  
SECRETARY OF STATE  
HALL ASBESTOS DIVISION

68 3 2

## TRANSMITTAL LETTER

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

**SUBJECT:** FORTUNE METAL STUDIO OF CENTRAL FLORIDA, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** De Soto Group, P.A.  
Name (Printed or typed)

2701 Michigan Ave., Ste. H  
Address

Kissimmee, Fl 34744  
City, State & Zip

407 348 7752  
Daytime Telephone number

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

APPROVED  
AND  
FILED

04 JUL -7 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

FORTUNE METAL STUDIO OF CENTRAL FLORIDA, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2359 Fortune Rd.  
Kissimmee, Fl 34744

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

All lawful business

### **ARTICLE IV SHARES**

The number of shares of stock is:

1000

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Mihail L Mihaylov President  
10809 Laxton St.  
Orlando, Fl 32824

### **ARTICLE VI REGISTERED AGENT**

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

Mihail L Mihaylov  
10809 Laxton St.  
Orlando, Fl 32824

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Mihail L Mihaylov  
10809 laton St.  
Orlando, Fl 32824

\*\*\*\*\*

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

x 

Signature/Registered Agent

7/2/04  
Date

x 

Signature/Incorporator

7/2/04  
Date