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(Requestor's Name)				
(A	ddress)			
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(Ci	ity/State/Zip/Phone #			
PICK-UP	☐ WAIT	MAIL MAIL		
(В	usiness Entity Name)			
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TRANSMITTAL LETTER

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

SUBJECT: NEW LO	OOK WELDING & REPAIR, INC	•	
Fnolosed are an oriσ	(PROPOSED CORPORA	icles of incorporation and	
\$70.00 Filing Fee	⊠ 4.\$78.75	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: RU	EL LAWRENCE	e (Printed or typed)	
<u>.</u>	5764 PARK AVENUE	Address	
Ž	VEST PALM BEACH, FL 33407 City	, State & Zip	
<u>.</u>	561-379-3348 Daytime	Felephone 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 NAME

The name of the corporation shall be:

NEW LOOK WELDING & REPAIR, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5764 PARK AVE WEST PALM BEACH, FL 33407

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: ANY BUSINESS OR BUSINESS ACTIVITY PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA AND THE UNITED STATES

ARTICLE IV SHARES

The number of shares of stock is: /OO

INITIAL OFFICERS AND/OR DIRECTORS

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

RUEL LAWRENCE 5764 PARK AVE WPB, FL 33407 PRESIDENT

REGISTERED AGENT ARTICLE VI

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

RUEL LAWRENCE 5764 PARK AVE WPB, FL 33407

INCORPORATOR ARTICLE VII

The <u>name and address</u> of the Incorporator is:

RUEL LAWRENCE 5764 PARK AVE WPB, FL 33407

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

11-26-04 Date 11-26-04