

P050000030214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

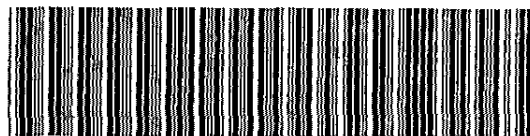
(Business Entity Name)

(Document Number)

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

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02/21/05--01075--005 \*\*70.00

APPROVED  
AND  
FILED  
05 FEB 21 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Bonafide Welding, 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Kelly J McInnis  
Name (Printed or typed)

P o Box 623  
Address

Kathleen FL 33849  
City, State & Zip

863-370-1827  
Daytime Telephone number

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

APPROVED  
AND  
FILED

## ARTICLES OF INCORPORATION

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

05 FEB 21 AM 9:55

### ARTICLE I NAME

The name of the corporation shall be:

BONAFIDE WELDING INC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Mailing Address: PO Box 623  
KATHLEEN, FL 33849  
Physical Address: 3737 JA FENTON RD  
LAKELAND FL 33810

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WELDING ; FABRICATION ; REPAIR

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

David L Martin - Secretary  
PO Box 623  
Kathleen FL 33849  
Kelly J McInnis - Pres, VPres, Treasurer  
PO Box 623  
Kathleen, FL 33849

### ARTICLE VI REGISTERED AGENT

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

Kelly J McInnis  
3737 J.A. Fenton Road  
Lakeland, FL 33810

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kelly J McInnis  
3737 J.A. Fenton Road  
Lakeland FL 33810

\*\*\*\*\*  
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

Kelly J McInnis

Signature/Registered Agent

2/17/05

Date

Kelly J McInnis

Signature/Incorporator

2/17/05

Date