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| Cartified Canics Cartificates of Status | | | |
| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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COVER LETTER

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

| SUBJECT: FABRICATION SOLUTI | ONS INC. | |
|--|---------------------------------|---|
| (PROPOSED CORPORA | ΓΕ NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| | | |
| Enclosed are an original and one (1) copy of the artic | cles of incorporation and | a check for: |
| \$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 |
| | Status ADDITIONAL COPY REQUIRED | |
| | | , |
| FROM: MIGUELINA RODRIGUE | Z | |
| Name | (Printed or typed) | |
| 7131 S.W. 6 ST. | | |
| | Address | |
| PEMBROKE PINES, F | | |
| City, | State & Zip | |
| 954-558-6972 | elephone 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:

FABRICATION SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7131 S.W. 6ST. PEMBROKE PINES FL. 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FABRICATION AND CONSTRUCTION

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):

MIGUELINA RODRIGUEZ (PRESIDENT)

7131 S.W. 6ST.

PEMBROKE PINES, FL. 33023

ARTICLE VI REGISTERED AGENT

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

MIGUELINA RODRIGUEZ

7131 S.W. 6 ST.

PEMBROKE PINES, FL. 33023

ARTICLE VII INCORPORATOR

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

MIGUELINA RODRIGUEZ

7131 S.W. 6 ST.

PEMBROKE PINES, FL. 33023

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

Miguelimer Rochiques (Niquelina Roixiquez) 7/27/07
Signature/Registered Agent)

Miguelina Rochiques (Niquelina Roixiquez) 7/27/07

Signature/Incorporator (Niquelina Roixiquez) 7/27/07

Date

07 AUG -2 AM 9: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA