

P0900006/412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

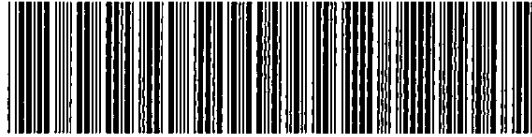
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09 JUL 17 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 7/20/09

COVER LETTER

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

SUBJECT: QUALITY METAL FINISH CORP
(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: CARLOS P MUNOZ
Name (Printed or typed)

7279 W 24 AVE SUITE 247
Address

MIAMI FL 33016
City, State & Zip

786-3579104
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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:

QUALITY METAL FINISH CORP

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

7279 W 24 AVE SUITE 247
HIALEAH FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

METAL REPAIR , POLISH,PAINT, INSTALATION,FINISH

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):

CARLOS P MUNOZ - PRESIDENT
7279 W 24 AVE SUITE 247
HIALEAH FL 33016

ARTICLE VI REGISTERED AGENT

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

CARLOS P MUNOZ
7279 W 24 AVE SUITE 247
HIALEAH FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARLOS P MUNOZ
7279 W 24 AVE SUITE 247
HIALEAH FL 33016

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

Signature/Incorporator

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-14-09

Date

7-14-09.

Date