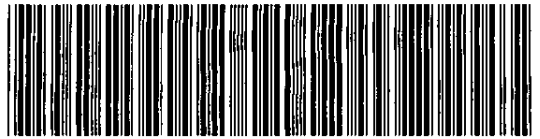


PO9000063633



800158346438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

07/13/09--01011--004 **78.95

FILED

2009 JUL 27 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Special Instructions to Filing Officer:

NO COPY 3

Office Use Only

W09-32279

7/27



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2009

AMILCAR JOSE BRAVO
3704 PALM AVE
HIALEAH, FL 33012

SUBJECT: MEDLEY MECHANICAL FLUIDS & COMPONENTS
Ref. Number: W09000032279

We have received your document for MEDLEY MECHANICAL FLUIDS & COMPONENTS and your check(s) totaling \$78.95. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 909A00024159

COVER LETTER

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

SUBJECT: _____
(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: _____
Name (Printed or typed)

_____ **3704 PALM AVENUE** _____
Address

_____ **HIALEAH FL 33012** _____
City, State & Zip

_____ **305-825-2410** _____
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:

MEDLEY MECHANICAL FLUIDS & COMPONENTS .INC

ARTICLE II PRINCIPAL OFFICE

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

330 NW 146 ST MIAMI FL 33168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES :100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

AMILCAR JOSE BRAVO

MARIA NALVARTE

330 NW 146 ST MIAMI FL 33168

ARTICLE VI REGISTERED AGENT

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

AMILCAR JOSE BRAVO

MARIA NALVARTE

330 NW 146 ST MIAMI FL 331687

ARTICLE VII INCORPORATOR

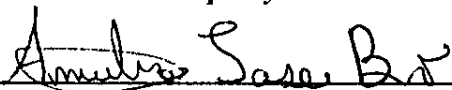
The name and address of the Incorporator is:

AMILCAR JOSE BRAVO

MARIA NALVARTE

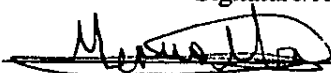
330 NW 146 ST MIAMI FL 33168

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

Date



Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA