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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(= 1,7 = 11,10 = 1,7
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Sogamon, Hambon)
0.07.10
Certified Copies Certificates of Status
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:	IACINTOSH METAL	-s Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
☐ \$70.00 Filing Fee	- ·	□ \$78.75 Filing Fee & Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM:	MACINTOS IT W		
	525 CARSWELL	Address	
	HOLLY HILL City,		
	386 - 675 - Daytime T	≥≥0 8 elephone number	
	N A E-mail address: (to be used		
	E-mail address: (to be used	a 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:	
MACINTOSH METALS INC	
ARTICLE II PRINCIPAL OFFICE	
The principal <u>street</u> address and mailing address, if different is:	
525 CARSWELL AUR UNITE	
HOLLY HILL, FL 32117	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
SALUAGE RECYCLE	
ARTICLE IV SHARES The number of shares of stock is:	م موضوع
	9
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	æ a a a a a a a a a a a a a a a a a a a
GLEN MACINITOSH PTSD 15 STUART DR HOLLY HILL, FL 32117	FILED WE 20 PM
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered address (P.O. Box NOT acceptable) and the registered address (P.O. Box NOT acceptable) are registered address (P.O. Box NOT acceptable).	ed agentiss:
	eu agenegs.
GLEN MACINTOSH 15 STUART DR	
HOLLY HILL, FLB2117	
,	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
GLEN MACINIOSH 15 STUART DR	
HOLLY HILL, FL 32117	
*********************	******
Having been named as registered agent to accept service of process for the abplace designated in this certificate, I am familiar with and accept the appointagree to act in this capacity	
	-//-
	8/17/09
Signature/Registered Agent	Date

Signature/Incorporator