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| (Requestor's Name) |
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| |
| (Address) |
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| , , |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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2010 MAR 31 PM 4: 42
SEGRETARY DE STATE
TALL MIASSEE EN BASE

T. Burch APR

COVER LETTER

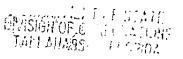
Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: DU ALUMINUM | | | | | |
|--|---|---|--|--|--|
| Enclosed are an orig | (PROPOSED CORPORA ginal and one (1) copy of the artic | TE NAME - MUST INCLI | _ | | |
| ☐ \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL COI | \$87.50 Filing Fee, Certified Copy & Certificate of Status | | |
| FROM: DEVON AUSTIN UILICH Name (Printed or typed) 3325 Su. BELL CT. Address | | | | | |
| - | FORT ST. L. City, (772) (265) Daytime T | State & Zip | <u> 24953</u> | | |

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



RECEIVED 10 MAR 31 PM 12: 06



March 16, 2010

DEVON ULLRICH 3325 SW BELL CT PORT ST LUCIE, FL 34953

SUBJECT: DU ALUMINUM Ref. Number: W10000013156

We have received your document for DU ALUMINUM and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please type in the name of the registered agent in article VI.

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: 510A00006483

| | SECRETAKY OF STATE ALLAHASSEE, FLORIDA | 2010 MAR 31 PM 4: 42 | FILED | |
|---|---|----------------------|-------|---|
| | | | | |
| tered agent is: | | | | |
| ************ To this capacity To a second of the second | - D | esigna | | ż |

| ARTICLES OF INCORPORATION | IIos Na |
|--|--|
| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | |
| 40mmar 0.7 17414TD | AND THE PARTY OF T |
| ARTICLE I NAME The name of the corporation shall be: | 8 3 4 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| • | m m |
| D.U. INC. | |
| | 87 f |
| ARTICLE II PRINCIPAL OFFICE | ₩ 42 TATE JORIDA |
| The principal street address and mailing address, if different is: | . • |
| 3325 Sw. Bell CT | |
| PORT ST. LUCIE FL. | |
| ARTICLE III PURPOSE 34953 | |
| The purpose for which the corporation is organized is: | , |
| Aluminum FAB, | |
| MOMBON) PAB, | |
| 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): | |
| | |
| DEVON AUSTIN UlleICH | |
| | |
| | |
| | |
| ARTICLE VI REGISTERED AGENT The name of Florida street address (P.O. Pay NOT acceptable) of the registered agent in | |
| The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent in DEVON A. UNEICH | .5. |
| 3325 Sw. Bell CT. | |
| | |
| PORT ST. LUCIE FL. 34953 | |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| DEVON A. UIRICH | |
| 3325 Sw. Bell CT. | |
| TOLT ST. WUE FL. 3493 | ***** |
| Having been named as registered agent to accept service of process for the above stated corporation at the | |
| certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capaci | |

Signature/Registered Agent

Signature/Incorporator