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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

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COVER LETTER

Department of State			
New Filing Section			
Division of Corporations			
P. O. Box 6327			
Tallahassee, FL 32314			
SUBJECT: No YA / We / d' N. 9 (PROPOSED CORPORAT	FENAME-MUST INCI	Cation 1	[NC.
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of	
Ž.	ADDITIONAL CO	Status	
•			
FROM: FONZA D. Name	(Printed or typed)	ين بن هفر بن هم سا	201
Name 1162 £. 13 ^{T5} A	Street	LAHASS	2010 DEC 13
Jockson Ville City, S	. .	32206	AH O
904 - 537 - 4 Daytime Te	_	Dr.	25
	1951 @ 1/1	ahoo. Com	

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)

The name of the corporation shall be: Royal Welding & Fabrication Inc.	
ARTICLE II PRINCIPAL OFFICE Principal street address Principal street address Principal street address Principal street address TAX: 1-1A- 32286	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Welding & Fabrica +	in Malala
	mal inon and steel made produ
ARTICLE IV SHARES The number of shares of stock is: 100 (one hundred)	
Name and Title: Patricia Miles President Name and TAddress: 182 13 55 Address: Address:	itle:
Name and Title: Ronza D. King Vice Rex Name and T Address: Make and T Address:	itle:
Name and Title: Ronza D. King Reasure Name and T Address: 162 57 Address: Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered and Name: Address: Address:	DEC 13 AM 10:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address:	29 30A
Having been named as registered agent to accept service of process for the above this certificate. I am familiar with and accept the appointment as registered agent at	nd agree to act in this capacity
Required Signature/Registered Agent	12 - 9 - 10 Date
I submit this document and affirm that the facts stated herein are true. I am aw document to the Department of State constitutes a third degree felony as provided for	are that the false information submitted in a or in s.817.155, F.S. 12 - 9 - 15
Required Signature/Incorporator	Date