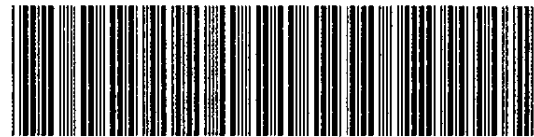


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02/10/11--01025--001 \*\*87.50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Robert Heistum **GAVE**

**AUTHORIZATION BY PHONE TO**

**CORRECT** name (spelling)

**DATE** 2/14/11

**DOC EXAM** VN

Office Use Only

1/11

## COVER LETTER

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

SUBJECT: Quasi Macaw's Fabrications CO.  
(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: Robert Heistunen  
Name (Printed or typed)  
1665 NE 168th Street  
Address  
North Miami Beach FL 33162  
City, State & Zip  
(305) 778-3031  
Daytime Telephone number  
QuasiMacaw's@A.H.Blackberry.Net  
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: **Quasi MaCaw's fabrications CO.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1665 ne 168th street  
North Miami Beach FL 33162

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
for profit mobil welding service.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 shares @ 50.00 per share

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Robert Heistuman/president/owner  
Address: 1665 ne 168th street  
North Miami Beach FL 33162

Name and Title: Laura Alfonso/ treasure  
Address: 1665 ne 168th street  
north miami beach fl 33162

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: robert heistuman  
Address: 1665 ne 168th street  
northmiamibeach fl 33162

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

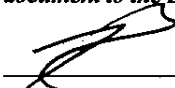
Name: Robert Heistuman  
Address: 1665 ne 168th street  
northmiamibeach fl 33162

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

1/20/11  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

1/20/11  
\_\_\_\_\_  
Date