P11000016708

(R	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL .
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Corlect AUTHORIZATIO CORRECT DATE DOC. EXAM	Rainier	Add INC

Office Use Only



000194164370

02/16/11--01018--006 **78.75

THEB IS PH 2: 01
SECRETARY OF STATE
SECRETARY OF ST

MP3/17

COVER LETTER

Department of State New Filing Section
Division of Corporat

Division of Corporations	
P. O. Box 6327	
Tallahassee, FL 32314	
OFF THE ROAD !	MOBILE WELDING INC
SUBJECT: ÖFF ROAD TRAILEF	
	TE NAME - MUST INCLUDE SUFFIX)
	-1
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 [7 \$78.75	
S70.00 Filing Fee Filing Fee	\$78.75 \$87.50 Filing Fee,
& Certificate of Status	& Certified Copy Certified Copy
& Certificate of Status	& Certificate of
	Status
	ADDITIONAL COPY REQUIRED
rnov Michael Diez	
FROM: Michael Diaz	(Printed or typed)
	(ximina or typos)
7502 Tern Dr.	
1302 1811 DI	Address
Orlando, Florida, 3282 City,	22
City,	State & Zip
	-
<u>407-516-3363</u>	
Daytime To	elephone number
michael.david.diaz@gı	mail.com
E-mail address: (to be use	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 II	PRINCIPAL OFFICE		
Principal street address		Mailing address, if different is:	
7	502 Tern DR	 	=
(Orlando, EL		
RTICLE III	DIIDDOSE		, ,
	hich the corporation is organized is:		三字 三一
	acturing & Mobile Welding		CARE
			SSER
RTICLE IV	CUADFC		FLS R
	res of stock is:100		'SF 9
			57
RTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS	ע
	tle:Michael Diaz President	Name and Title:	
Address:	7502 Tern Dr Orlando, FL 32822	Address:	
	Chango, FL 32822		
Name and Ti	tle:Charles Andy Rainier VP	Name and Title:	
Address:	7502 Tern Dr Orlando, FL 32822	Address:	
	Orlando, FL 32822		
Name and Ti	tle:		
Address:		Address:	
RTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable		
Name:	Charles Andy Rainier		
Address:	7502 Tern Dr Orlando, FL 32822		
	Uriando, FL 32822	** ** ** *	
	INCORPORATOR		
***	Iress of the Incorporator is:		
Name: Address:	Michael David Diaz 7502 Tern Dr		
Addicss.	Orlando, FL 32822		
• •	ing the state of t		
	ed as registered agent to accept service of pro n familiar with and accept the appointment as		
Chula	(1) Reins		2/2/11
VIII TON	Required Signature/Registered Agent		Date
submit this docu	ment-and-affirm that the facts stated herein	are true. I am aware that the f	alse information submitted in a
	epartment of State constitutes a third degree fe		
<u></u>)	•	$\sim 1 /$
11	*		W/2/11
0	Required Signature/Incorporator		/ Date