

P11000017819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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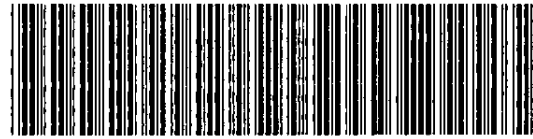
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/17/11--01017--013 **78.75

2011 FEB 17 AM 10:01
DIVISION OF CORPORATE AFFAIRS
STATE OF NEW YORK

2/22/11

COVER LETTER

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

SUBJECT: M & A CUSTOM FABRICATION, INC.
(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: MATTHEW EDMONDS
Name (Printed or typed)

459 NW 40TH AVENUE
Address

BELL, FL. 32619
City, State & Zip

352-284-4679
Daytime Telephone number

adamoverstreet@hotmail.com
E-mail address: (to be used for future annual report notification)

2011 FEB 17 AM 10:01

DIVISION OF CORPORATIONS

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:

M & A CUSTOM FABRICATION, INC.

REC. CLERK
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address

**9619 SW 10TH AVENUE
TRENTON, FL 32693**

2011 FEB 17 AM 10:01
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT BUSINESS IN THE STATE of FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: **100 SHARES @1.00 PAR VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **MATTHEW B. EDMONDS/PRES**

Address: **459 NW 40TH AVENUE
BELL, FL 32619**

Name and Title: _____

Address: _____

Name and Title: **ADAM OVERSTREET/VICE P**

Address: **8710 SE 7TH COURT
TRENTON, FL 32693**

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: **MATTHEW B. EDMONDS**

Address: **459 NW 40TH AVENUE
BELL, FL 32619**

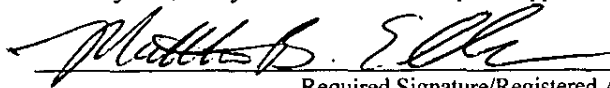
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **BARBARA E. COULTHURST**

Address: **P.O. BOX 1337
MAYO, FL 32066**

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

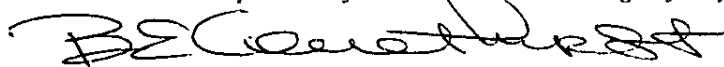


Required Signature/Registered Agent

2/14/2011

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

2/14/2011

Date