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COVER LETTER

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

SUBJECT: A J METAL TRADING CORPORATION
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and certificate of status.

☒ \$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: ANCHEL JACOBVITZ
Name (Printed or typed)

12140 SW 49 CT
Address

COOPER CITY, FL 33330
City, State & Zip

305-896-7840
Daytime Telephone number

ANCHELJACOBI@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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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: AJ METAL TRADING CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

12140 SW 49 CT
COOPER CITY, FL 33330

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

METALS TRADING.

ARTICLE IV SHARES

The number of shares of stock is: 100 (ONE HUNDRED)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANCHEL JACOBOWITZ
Address: 12140 SW 49 CT
COOPER CITY, FL 33330

Name and Title: _____
Address: _____

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: ANCHEL JACOBOWITZ
Address: 12140 SW 49 CT
COOPER CITY, FL 33330

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANCHEL JACOBOWITZ
Address: 12140 SW 49 CT
COOPER CITY, FL 33330

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

[Signature]
Required Signature/Registered Agent

9/16/11
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.

[Signature]
Required Signature/Incorporator

9/16/11
Date

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TALLAHASSEE, FLORIDA