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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : BLANCO ACCOUNTING I, INC.
Account Number : I20100000060
Phone : (305)828-1148
Fax Number : (305)828-1709

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Handwritten initials

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
TRINFAB WELDING INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Handwritten date: 9/20

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Monday, September 19, 2011

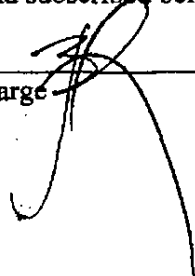
To Whom It May Concern:

I, Ray A Brewster, President TRINFAB WELDING INC.. have no intention of reinstating the mentioned corporation therefore; I release the name for to another entity.

Should you need additional information, please do not hesitate to inform me.


Ray A Brewster

Sworn to and subscribed before me this 09/19/2011


Notary at Large



14 SEP 19 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME TRINFAB WELDING INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 4431 SW 32ND DRIVE
HOLLYWOOD FL 33023
Mailing address, if different is: 4431 SW 32ND DRIVE
HOLLYWOOD FL 33023

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>RAY A BREWSTER PRESIDENT</u>	Name and Title: _____
Address: <u>4431 SW 32 ND DRIVE</u>	Address: _____
<u>HOLLYWOOD FL 33023</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____


ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: RAY A BREWSTER
Address: 4431 SW 32 ND DRIVE
HOLLYWOOD FL 33023

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: RAY A BREWSTER
Address: 4431 SW 32 ND DRIVE
HOLLYWOOD FL 33023

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 09/19/2011
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 09/19/2011
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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