

P12000090327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

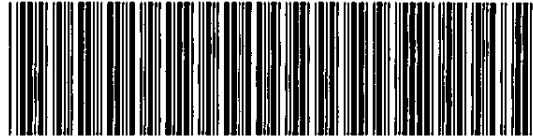
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/25/12--01022--012 **78.75

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12 OCT 25 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V/H

COVER LETTER

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

SUBJECT: State Florida Welding, 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: Juan Escalona
Name (Printed or typed)
17824 Dogwood Drive
Address
Lutz, FL 33558
City, State & Zip
(813) 600-9059
Daytime Telephone number
jescalona79@yahoo.com
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: State Florida Welding, Inc.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address
17824 Dogwood Drive
Lutz, FL 33558

12 OCT 25 PM 12:56

Mailing address, if different is:

STATE FLORIDA WELDING, INC.
17824 DOGWOOD DRIVE
LUTZ, FL 33558

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For any and all legal business

ARTICLE IV SHARES

The number of shares of stock is: 500 shares common stock, \$1 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Juan Escalona P/S/T/D</u>	Name and Title: _____
Address: <u>17824 Dogwood Drive</u>	Address: _____
<u>Lutz, FL 33558</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:

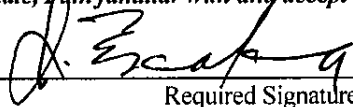
Name: Juan Escalona
Address: 17824 Dogwood Drive
Lutz, FL 33558

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Juan Escalona
Address: 17824 Dogwood Drive
Lutz, FL 33558

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

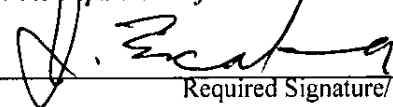


Required Signature/Registered Agent

10-21-2012

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

10-21-2012

Date