

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

****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
MCL AMERICAS SUPPLY INC

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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

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: **MCL AMERICAS SUPPLY INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

343 SOUTH STREET
SOUTHBRIDGE MA 01550

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: **Luis Alfredo Munoz President**

Name and Title:

Address: **343 South Street**
South bridge MA 01550

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(cont.)

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: Luis Alfredo Munoz
Address: 2401 West 72 Street Suite 1
Hialeah FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Luis Alfredo Munoz
Address: 2401 West 72 Street Suite 1
Hialeah FL 33016

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

6/5/2013

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.817.133, F.S.

Required Signature/Incorporator

6/5/2013

Date

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