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Division of Corporations Electronic Filing Cover Sheet

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'To:

Division of Corporations Fax Number : (850)617-6381

From:

Account Name Account Number	LAZARUS CORPORATE 12000000019	FILING	SERVICE,	INC.
Phone Fax Number	(305)552-5973 (305)220-1440			

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 FRK MECHANICAL INSULATION INC

Certificate of Status	••••••••••••••••••••••••••••••••••••••
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July 25, 2013

FLORIDA DEPARTMENT OF STATE Division of Corporations

LAZARUS

SUBJECT: FRE MECHANICAL INSULATION INC REF: W13000041804

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II FAX Aud. #: H13000165355 Letter Number: 113A00018007

P.O BOX 6327 - Tallahassee, Florida 32314

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I.

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	ARTICLES OF 1 in compliance with Chapter 60	INCORPORATION 7 and/or Chapter 621, Fi	.S. (Profit)	
ARTICLE I NAM	Bion shall bes FRK H	lechanica	1 Insulat	antre
	REPAL OFFICE Principal <u>street</u> address VTST-#210-		Asiling address, if different i	•
Miami	<u> 433125 ·</u>		•····	
ARTICLE III PURI The purpose for which th	POSE e corporation is organized is:	Tosulatio	m service	<u></u>
				· · · · · · · · · · · · · · · · · · ·
				······
ARTICLE IV SHA The number of shares		TORS	· .	
	Felife Dominguel Are			
Address	3383 NU DST of	7 <u>/17</u> Addiess: ,	3383MJ Miami FI	<u>757</u> #210 33125
.				
Name and Title:		Name and Title:		<u></u>
Address		Address:		
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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:

Nome:	Telipe Dominquez
Address:	3383 Mr 75+# 210.
	Miami \$133125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: OMINGUEZ Name: 210 NИ Address: Miami 33125

Having been named as registered against 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

 $\boldsymbol{\Box}$ Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein at true. I am aware that the false information submitted document to the Department of State companies a third degree felosy as provided for in x 817.155, F.S.

Required Signature Incorporator

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