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COVER LETTER

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

SUBJECT: LORENZO WELDING, INC.				
	(PROPOSED CORPORA'	ΓΕ NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d 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 CO	DPY REQUIRED	
FROM: L	UIS E LORENZO	(Printed or typed)		
9221 CRESCENT DRIVE				
Address				
MIRAMAR, FL 33025				
City, State & Zip				
<u>(S</u>	054)392-8669			
Daytime Telephone number				
FPYSERVICES@COMCAST.NET E-mail address; (to be used for future annual report notification)				
E-man address: (to be used for future annual report nonneation)				

NOTE: Please provide the original and one copy of the articles.

June 17, 2014

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Ref: Company: LORENZO WELDING INC

Document # : P05000062326

I, Luis E Lorenzo, President of Lorenzo Welding, Inc., Florida State Document # P050000623626, With the present I certified my no intention of revoking the Articles of Dissolution on June 16, 2014, therefore, releasing the name for use to another entity.

If you have any question about this letter, please do not hesitate to contact me.

Sincerely

Luis E Lorenzo

1782 NW 52ND Street

Miami Florida 33142

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

name of the corpor	ation shall be: LORENZO WELDI	110, 110	14 JUN 19 PM 3: 18
TICLE II PR	INCIPAL OFFICE Principal street address INCIPAL OFFICE Principal street address		SECRETARY OF STATE ng address, if different son RIDA
IAMI, FL 33	3142		
TICLE III PUI	RPOSE the corporation is organized is:	ID ALL LAW	FUL BUSINESS
·			
ETICLE IV SH			
TICLE V IN	TIAL OFFICERS AND/OR DIRECTORS		
Name and Tit		Name and Title:	
TICLE V IN	ITIAL OFFICERS AND/OR DIRECTORS le:_LUIS E LORENZO - PRESIDENT	Name and Title:	
Name and Tit Address	ttial officers and/or directors le: LUIS E LORENZO - PRESIDENT 1782 NW 52nd STREET MIAMI, FL 33142	Name and Title: Address:	
Name and Tit Address	ttial officers and/or directors le: LUIS E LORENZO - PRESIDENT 1782 NW 52nd STREET	Name and Title: Address: Name and Title:	
Name and Tit Address	tial officers and/or directors le: LUIS E LORENZO - PRESIDENT 1782 NW 52nd STREET MIAMI, FL 33142 LUIS E LORENZO - SECRETARY	Name and Title: Address: Name and Title:	
Name and Tit Address Name and Titl Address	ITIAL OFFICERS AND/OR DIRECTORS le: LUIS E LORENZO - PRESIDENT 1782 NW 52nd STREET MIAMI, FL 33142 LUIS E LORENZO - SECRETARY 1782 NW 52nd STREET	Name and Title: Address: Name and Title: Address:	

	e e		APPROVEL (conti.)
Name a	nd Title:	Name and Title:_	filed
Addres		_ Address:	14 JUN 19 PM 3: 18
		: :	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE VI	REGISTERED AGENT		or and the state of the state o
The name and I	Florida street address (P.O. Box NOT acceptable) o	f the registered agen	it is:
Name:	FPY ACCOUNTING SERVICES INC		
Address:	9221 CRESCENT DRIVE	-	
	MIRAMAR FL 33025	_	
<u>ARTICLE VII</u>	INCORPORATOR		
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	LUIS E LORENZO	_	
Address:	1782 NW 52nd STREET	_	
	MIAMI FL 33142	_	
Having been na this certificate, l	med as registered agent to accept service of process am familiar with and accept the appointment as reg	s for the above state gistered agent and a	ed corporation at the place designated in agree to act in this capacity 06/17/14
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree selon		
	Required Signature/Incorporator	Masi	06/17/14 Date
	<u> </u>		