

09/08/2009 159

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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 : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

RECEIVED
14 OCT 28 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
MENNA METAL WELDING, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

14 OCT 28 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

14/29/14

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

H14000251891

ARTICLE I NAME: The name of the corporation is:

MENNA METAL WELDING, INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

13419 N.W. 47 ave.

Opa Locka FL 33054

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

P- DARIO MENNA

VP- MONICA MENNA

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

MONICA MENNA

13419 N.W. 47 ave.

Opa Locka FL 33054

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

MONICA MENNA

13419 N.W. 47 ave.

Opa Locka FL 33054

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Required Signatures:

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

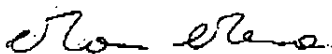


Registered Agent

10-28-14

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.



Incorporator

10-28-14

Date

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