

P15000054661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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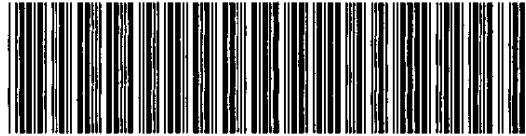
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN 22 PM 4:32

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AND  
FILED

Handwritten signature

## COVER LETTER

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

**SUBJECT:** Forging Machinery Consulting & Repair, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Stanko Lovric

\_\_\_\_\_  
Name (Printed or typed)

7391 Briella Drive

\_\_\_\_\_  
Address

Boynton Beach, FL 33437

\_\_\_\_\_  
City, State & Zip

216-402-3687

\_\_\_\_\_  
Daytime Telephone number

slovric@aol.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

**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: Forging Machinery Consulting & Repair, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7391 Briella Drive  
Boynton Beach, FL 33437

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Consulting and repair services for industrial machinery.

**ARTICLE IV SHARES**

The number of shares of stock is: 500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	Stanko Lovric	Name and Title:	President
Address	7391 Briella Drive	Address:	
	Boynton Beach, FL 33437		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Jelena Lovric  
Address: 7391 Briella Drive  
Boynton Beach, FL 33437

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Stanko Lovric  
Address: 7391 Briella Drive  
Boynton Beach, FL 33437

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: June 15, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

X Jelena Lovric  
Required Signature/Registered Agent

6-15-2015  
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.

Stanko Lovric  
Required Signature/Incorporator

6-15-2015  
Date