

PK500092451

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 : INTERSTATE FILINGS LLC
Account Number : I20110000086
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Email Address: _____

FILED
15 NOV 13 AM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
AMERICAN LUMBER INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Fm:Interstate Filings LLC To:AMERICAN LUMBER INC.
10:19 11/13/13 (H15000271379 314)

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: AMERICAN LUMBER INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1037 MALAGA AVE.

CORAL GABLES, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DMITRIY PROSVIRNOV, PRESIDENT

Name and Title: _____

Address 1037 MALAGA AVE.

Address: _____

CORAL GABLES, FL 33134

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
15 NOV 13 AM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fm:Interstate Filings LLC To:AMERICAN LUMBER INC.
10:19 11/13/15 (H150002 Pg 79 of 4)

(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: DMITRIY PROSVIRNOV
Address: 1037 MALAGA AVE.
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DMITRIY PROSVIRNOV
Address: 1037 MALAGA AVE.
CORAL GABLES, FL 33134

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

D Prosvirnov
Required Signature/Registered Agent

11/12/15
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.

D Prosvirnov
Required Signature/Incorporator

11/12/15
Date