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SECRETARY OF STATE
TALLAHASSEE FLORIDA

16 JAN 26 PM 2:34

APPROVAL
AND
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1/4

COVER LETTER

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

SUBJECT: BEST SCRAP METAL FACILITY, 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: WASEEM MAQSOOD
Name (Printed or typed)
3177 NW NORTH RIVER DRIVE
Address
MIAMI, FL 33142
City, State & Zip
954-773-5373
Daytime Telephone number
mianmushtaq11@gmail.com
E-mail address: (to be used for future annual report notification)

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

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: BEST SCRAP METAL FACILITY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3177 NW NORTH RIVER DRIVE

MIAMI, FL 33142

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: ONE HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MUSHTAQ MIAN / DIRECTOR

Address 3177 NW NORTH RIVER DRIVE

MIAMI, FL 33142

Name and Title: _____

Address: _____

Name and Title: WASEEM MAQSOOD / PRESIDENT

Address 3177 NW NORTH RIVER DRIVE

MIAMI, FL 33142

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVED
AND
FILED

Name and Title: _____

Name and Title: _____

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Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: WASEEM MAQSOOD
Address: 3177 NW NORTH RIVER DRIVE
MIAMI, FL 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WASEEM MAQSOOD
Address: 3177 NW NORTH RIVER DRIVE
MIAMI, FL 33142

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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



Required Signature/Registered Agent

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.



Required Signature/Incorporator

Date