

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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|-------|----------|--|--|--|

FLORIDA PROFIT/NON PROFIT CORPORATION

Nelson Machine Shop Welding & Engineering Inc

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared MARIUXI SALAZAR, who after being firstly duly sworn, under oath, deposes and says:

- The undersigned is also the sole Director and the President of NELSON
 MACHINE SHOP WELDING & ENGINEERING INC. a Florida corporation to
 be filed with the Florida Department Of State on or about January 26th 2016.
- 2. The undersigned hereby consents to and authorizes the use by NELSON MACHINE SHOP WELDING & ENGINEERING of the name NELSON MACHINE SHOP WELDING & ENGINEERING.
- 3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of Reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

STATE OF FLORIDA) SS: COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, <u>MARIUXI SALAZAR</u>, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official scal this 26th day of JANUARY 2016

BEATRIZ BEALDERON E Calderon
()) MY COMMERSE HUBLIG SIGNATURE

EXPINES June 2, 2011

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit) 16 FEB | 0 PM | 2: | 6

| | | 1 A | | |
|---|---|---|--|--|
| <u>ICLE II PRINC</u> | <u>TPAL OFFICE</u> Principal <u>street</u> address | Iding & Engineering Inc. SECRETARY OF 3 TALLAHASSEE FL Mailing address, if different is: | | |
| 0 NW 22nd Avc. | | 11440 SW 24th ST. | | |
| Locka,, I'L 33054 | | Miami, FL 33165 | | |
| ICLE III PURPO purpose for which t | <u>DSE</u> he corporation is organized is: | all lawful business | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| ICLE IV SHARI number of shares of | Stock is: | | | |
| | L OFFICERS AND/OR DIRECTORS | Name and Title: | | |
| ICLE V INITIA | L OFFICERS AND/OR DIRECTORS | Name and Title: | | |
| Name and Title | L OFFICERS AND/OR DIRECTORS Mariuxi Salazar President 13990 NW 22nd Ave | Name and Title: | | |
| Name and Title Address | L OFFICERS AND/OR DIRECTORS Mariuxi Salazar President 13990 NW 22nd Ave. Opa Locka, FL 33054 | Name and Title: Address: | | |
| Name and Title Address Name and Title | LOFFICERS AND/OR DIRECTORS Mariuxi Salazar President 13990 NW 22nd Ave. | Name and Title: Address: Name and Title: | | |
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| Name and Title Address Name and Title: Address | L OFFICERS AND/OR DIRECTORS Mariuxi Salazar President 13990 NW 22nd Ave. Opa Locka, FL 33054 | Name and Title: Address: Name and Title: Address: | | |

| Name a | and Title: | Name and Title: | واريوا يدهامه ويزياء المسالك المرتيم ميماروندني | |
|---------------------|--|---|---|--|
| Address | | Address: | | |
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| / D.W.C. T. F. | PROVOGED DO ACTIVE | | | |
| | <u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acc | cotable) of the registered agent is: | | |
| | Mariuxi Salazar | 7 | AS 6 | |
| Name: | **** | · · | EG A | |
| Address: | 13990 NW 22nd ave | | H. B. | |
| • | Opa Locks, FL 33054 | | ASS. O | |
| | | | A 2 1 | |
| | | | 10 PH 12: | |
| <u>ARTICLE VII</u> | INCORPORATOR | | OF T | |
| The name and a | address of the Incorporator is: | | 高元 の | |
| | Mariuxi Salazar | , | V | |
| Name: | * * * (- week # # | | • | |
| Address: | 13990 NW 22nd ave | · · · · · | | |
| | Opa Locka, FL 33054 | | • | |
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| | RFFECTIVE DATE: | | | |
| Effective date, if | f other than the date of filing: | (OPTIONAL) | are melan on 00 harda son | |
| days after the fi | | in cannot be more than five business (| ays prior or 90 dusiness | |
| | | | | |
| Note: If the date | e inserted in this block does not meet the ap effective date on the Department of State's | plicable statutory filing requirements, thi | is date will not be listed as | |
| the document \$ 6 | errective thate off the Department of State S | records. | | |
| Having been ve | med as registered agent to accept service o | Enventus for the above stated corneration | w at the place deployment in | |
| this certificate, I | men as registered agent to accept service of am Jamiliar with and accept the appointm | ent as registered agent and agree to act in | n us the place designated in i this capacity | |
| M | -1/2// | | | |
| <u> </u> | 1) alanai | | 1/26/2016 | |
| | Required Signature/Registered A | gent | / Date | |
| I submit this doc | cument and affirm that the facts stated he | reln are true. I am aware that the false | information submitted in a | |
| document to the | Department of State constitutes a third deg | rea felony as provided for in s.817.155, F | is. | |
| (YY) | Wallen - | , | 1/21/2000 | |
| Bedu | ired Signature/Dicorporator | | 1/26/2016 Date | |