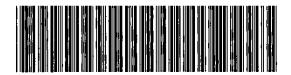
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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	city/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	<u>.</u>
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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Office Use Only



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04/19/16--01014--007 **87.50



EFFECTIVE DATE
4/19/6

APR 2 **2** 2016 S. GILBERT

. COVER LETTER

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

SUBJECT:(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFI</u>				
Enclosed are an original	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	

FROM:	JOE M. CLARK
TROM.	Name (Printed or typed)
	7350 ABBEY STREET
	Address
	MILTON, FLORIDA 32583
	City, State & Zip
	850-516-7983
	Daytime Telephone number
	EXCELMETALFAB@GMAIL.COM
	E-mail address: (to be used for future annual report notification)

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

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

he name of the cornors	tion shall be:	L FAB CORP	An and
RTICLE II PRINC 350 ABBEY STREET	CIPAL OFFICE Principal street address		15 APR 19 PM 2: 25 Mailing address, if different is:
AILTON, FLORIDA 3	2583		· 1000年度
	DSE the corporation is organized is: PERFORM FOR EXAMPLE, "SECURITY GATES",		
	IS." UTILIZING ALL METALS WITH P		
ABRICATION WELL	·		ALUMINOM CONSTRUCTION AND
RTICLE IV SHAR he number of shares of		w	
	LOFFICERS AND/OR DIRECTORS	Name and Title	JOSH M OPENA VICE PRESIDEN 1823 BREWER DRIVE PENSACOLA, FLORIDA 32526
RTICLE V INITIA Name and Title	JOE M. CLARK PRESIDENT 7350 ABBEY STREET MILTON, FLORIDA 32583	Address: Name and Title	1823 BREWER DRIVE
Name and Title Address Name and Title: Address	JUSTIN D HERRIN VICE PRESIDENT 8624 ROCK CREEK ROAD	Address: Name and Title Address: Name and Title	1823 BREWER DRIVE PENSACOLA, FLORIDA 32526

Name an	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	TERESA PATTERSON	_	
Address:	7350 ABBEY STREET		
	MILTON, FLORIDA 32583	_	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ad	Idress of the Incorporator is:		
Name:	JOE M. CLARK	_	
Address:	7350 ABBEY STREET		
	MILTON, FLORIDA 32583	_	
Effective date, if (If an effective d days after the fil Note: If the date	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and cannoting.) inserted in this block does not meet the applicable ffective date on the Department of State's records.	ot be more than five business statutory filing requirements,	
Having been nan	ned as registered agent to accept service of proces am familiar with and accept the appointment as re	s for the above stated corpora	tion at the place designated in t in this capacity 04/12/2016
<u></u>	Required Signature/Registered Agent		Date
I submit this doc document to the I	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the fairly as provided for in s.817.155	lse information submitted in a i, F.S.
(loc.	M. Clark		04/12/2016
Requi	red Signature/Incorporator		Date