P16000048775

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(, , , ,	41000)	
<u> </u>		
(Cit	y/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
	5 N	
(Bu	siness Entity Name) .
(Do	cument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
		ļ
!		!





400286279964

05/31/16--01011--001 **87.50

206/06/16



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

SUBJECT:	TR Mech	MARICAL I	AC.
Enclosed are an orig	(PROPOSED CORPORA	TE NAME – <u>MUST INCLL</u>	I <u>DE SUFFIX</u>)
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
	erstd Walter Name	e (Printed or typed)	
B	ynton Beach,	Address L 334 State & Zip	12

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

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

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

<u>RTICLE II PR</u>	INCIPAL OFFICE Principal street address	Mailing address, if different is:
	indy circle	
ynton B	each, FL 33472	
e purpose for who	RPOSE ch the corporation is organized is: A.C. Systemic	r + Install
ANU.	A.C. Gustani	
1		(,3
		D.
number of share	s of stock is:	ı +
e number of share	s of stock is:	H Title:
t number of share TICLE V IN	STIAL OFFICERS AND/OR DIRECTORS Fitle: KIESHED WAIHT III Name and	Title:
TICLE V IN	State of stock is: State	Title:
Name and Address	State of stock is: State	Title:
e number of share RTICLE V IN Name and Address Name and T	TIAL OFFICERS AND/OR DIRECTORS Fittle: KIETSTED WAITET III Name and Blood Windy Circle Address: BOYNTON BEACH, FL. 33472	Title:
e number of share RTICLE V IN Name and Address Name and T	State Steel Walter III Name and Blood Windy Circle Address: Boynton Beach, Fl. 33472 Sitle: Name and Address:	Title:

Name and Title:	Name and Title:
Address	Address
<u>ARTICLE VI REGISTERED AGENT</u> The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of	the registered agent is:
Name: Klersted Woulter III	
91-04-140° 1-1 Circus	
Eginton Beach, PC	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Kifrsted Watter III	· · · · · · · · · · · · · · · · · · ·
Address: PLOD WINDY CITCLE	
ENIATOR BRACK PL	
Edylfor Petter 171 C	
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot	(OPTIONAL) 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 s	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	
this certificate, I am familiar with and accept the appointment as regular	isterea agent and agree to act in this capacity
Required Signature/Registered Agent	<u> </u>
	Date
I submit this document and affirm that the facts stated herein are t document to be Department of state constitutes a third degree felony	
V/L/DA	5-76-16
Required Signature/Incorporator	<u>9-76-76</u> Date