P16000053340

(Requestor's Nam	e)			
(Address)	_			
(Address)				
, (City/State/Zip/Pho	one #)			
PICK-UP WAIT	MAIL			
(Business Entity Ñ	ame)			
(Document Number)				
Certified Copies Certificat	tes of Status			
Special Instructions to Filing Officer:				

Office Use Only

W16-6000



05/31/16--01011--008 **87.50

16 JUN 21 PH 1: 24

JUN 23 2016 S. GILBERT



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2016

NARISCO RODRIGUEZ 5361 W 1 CT HIALEAH, FL 33012

SUBJECT: FLORIDA ALUMINUM SUPPLY CORP

Ref. Number: W16000041670

We have received your document for FLORIDA ALUMINUM SUPPLY CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 916A00012036

COVER LETTER

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

subject: <i>F.l.</i>	nda alla. (PROPOSED CORPORA	ninum.	Supply corp				
7	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	IDE SUIFFIX)				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:							
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status				
		ADDITIONAL CO	PY REQUIRED				
FROM: Naricso Rodriguez Name (Printed or typed)							
3361 WILF Address							
Haloch FL 33012 City, State & Zip							
786-251-687 Z Daytime Telephone number							
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)

RTICLE II PRINCIPAL OFFICE Principal street ad			
r meipar serece au	dress	Mailing addre	ess, if different is:
7530 NW 12	ane	5361	w/cf
medley, FL 3	33166	Hale	ah, FL3
RTICLE III PURPOSE ne purpose for which the corporation is o	rganized is:		
	,		<u> </u>
			- 15 - S
			% 2
RTICLE IV SHARES the number of shares of stock is:	00		P IT
te fidiliber of shares of stock is,		-	5 5 0
RTICLE V INITIAL OFFICERS AN	D/OR DIRECTORS		5 m
Name and Title: <u>Have</u>	450 Kalvyung	ne and Title:	
Address <u>5361</u>	W/cf Ad	dress:	
KILL	Jouch, FL 331	012	
17100	sident		
Drei			
Drei			
Name and Title: May	That	ne and Title:	
Name and Title: May Address 536	That	ne and Title:	
- Traine and Thie.	1 ce 1 cd Ad	dress:	. _ .
- and Thie.	1 ce 1 cd Ad	dress:	. _ .
- Traine and Thie.	Presiden	dress: 80/2 #	

. Name and Title:	Name and Title:
Address	Address:
	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box No.	OT acceptable) of the registered agent is:
Name: Marciso	Lodrique
Address: 5361 W	1ct 8
Haloah	,FL33012
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	\supset 1
Name: N/gRi'(SO	Modriguez
Address: 5361 W Hialeah,	101 33012
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be spedays after the filing.)	. (OPTIONAL) ecific and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does not me the document's effective date on the Department of	et the applicable statutory filing requirements, this date will not be listed as State's records.
	ervice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity
Required Greature/Regis	stered Agent ————————————————————————————————————
, , ,	,
t suomu this document and affirm that the facts si document to the Department of State constitutes a ti	tated herein are true. I am aware that the false information submitted in a hird degree felony as provided for in s.817.155, F.S.
Required Lighature/Incorporator	9/14/16
required sagnature/incorporator	/ Dake