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18 AUG 13 PH 3: 2: Non-Like or State

COVER LETTER

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

SUBJECT: J&N	Welding, Inc		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM:		e (Printed or typed)	
422	20 SW 97 PL	Address	
MIA	AMI, FL 33165	, man est	
	City	State & Zip	
786	S-506 - 4507		
	Daytime 1	Telephone number	
jant	hony5973@gmail.com		
	F-mail address: (to be nee	ed 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)

TICLE II PRII	NCIPAL OFFICE	Mailing address, if different is:	
20 SW 97 PL			
AMI, FL 33165		·	
TICLE III PUR purpose for whice	POSE RENDER has corporation is organized is:	WELDING SERVICES BY	TRUCK FULLY EQUIPPE
TICLE IV SHA number of shares	RES 100 of stock is:		
number of shares	of stock is: "IAL OFFICERS AND/OR DIRECTORS IOSE NUMEZ (PRESIDENTE)	Name and Title:	
number of shares TICLE V INIT Name and T	of stock is: "IAL OFFICERS AND/OR DIRECTORS IOSE NUMEZ (PRESIDENTE)		
number of shares	of stock is: TAL OFFICERS AND/OR DIRECTORS JOSE NUNEZ (PRESIDENTE)		
number of shares TICLE V INIT Name and T	JOSE NUNEZ (PRESIDENTE) 4220 SW 97 PL		
number of shares TICLE V INTI Name and T Address	JOSE NUNEZ (PRESIDENTE) 4220 SW 97 PL MIAMI, FL 33165	Address:	
number of shares TICLE V INTI Name and T Address	IAL OFFICERS AND/OR DIRECTORS JOSE NUNEZ (PRESIDENTE) 4220 SW 97 PL MIAMI, FL 33165	Address: Name and Title:	<u></u>
number of shares TICLE V INTI Name and T Address	JOSE NUNEZ (PRESIDENTE) 4220 SW 97 PL MIAMI, FL 33165	Address: Name and Title:	18 AUG
number of shares TICLE V INIT Name and T Address Name and Ti	IAL OFFICERS AND/OR DIRECTORS JOSE NUNEZ (PRESIDENTE) 4220 SW 97 PL MIAMI, FL 33165	Address: Name and Title: Address:	18 AUG
number of shares TICLE V INIT Name and T Address Name and Ti	JOSE NUNEZ (PRESIDENTE) 4220 SW 97 PL MIAMI, FL 33165	Address: Name and Title: Address:	18 AUG 13 PH 3: SELVE AUG 13 PH 3: SELVE AUG AUG SELF FUO
number of shares TICLE V INTI Name and T Address Name and Ti Address	JOSE NUNEZ (PRESIDENTE) 4220 SW 97 PL MIAMI, FL 33165	Address: Name and Title: Address:	18 AUG 13 PH 3: 24 SECRETARY OF STATE FAIL ANASSEE, FLORD
number of shares TICLE V INTI Name and T Address Name and Ti Address	IAL OFFICERS AND/OR DIRECTORS JOSE NUNEZ (PRESIDENTE) 4220 SW 97 PL MIAMI, FL 33165	Address: Name and Title: Address: Name and Title:	18 AUG 13 PH 3: 24 SECRETARY OF STATE FAIL ANASSEE, FLORD

Name and Title:		Name and Title:	
Address		Address:	
ARTICLE VI REGISTERED AGENT			
The name and Florida street address (P.O. Box	NOT acceptable) of	the registered agent is:	
Name: Jose A Wo Address: 4230 Sw Manie R	1002		
1/220 541	97 PL		
Address: 4200 StC	7 77.11		
1914 nu	. 77/63		
ARTICLE VII INCORPORATOR			
The name and address of the Incorporator is:			
Name: José A Address: 4220 SW Mianu R	Nunez		
4720 SW	9706		
Address: 4 100 500			
Mane PC	10/65		
ARTICLE VIII EFFECTIVE DATE: Effective date if other than the date of filling:	/01/2018	. (OPTIONAL)	
Effective date, if other than the date of filing:(II an effective date is listed, the date must be	specific and canno	t be more than five days prio	r or 90 days after the
filing.)			
Note: If the date inserted in this block does not	meet the applicable	statutory filing requirements, t	his date will not be listed as
the document's effective date on the Departmer	it of State's records.		6 6 6 6 6 6 6 6 6 6
the document's effective date on the Departmer Having been named as registered agent to area this contilion to Low familiar with and perent the	ept service of process	for the above stated corporate	on at the place designated in
this certificate, I am familiar with and gecept th	ne appointment as reg	istered agent and agree to act	in this capacity 3
			28/0/78
Required Signature/F	Registered Agent		Daley 25
I submit this document and affirm that the fac	cts stated herein are	true. I am aware that the fals	e information superitted in a
document to the Department of State constitute	s a third degree felon	y as provided for in s.817.155,	F.S
			08/01/18
Required Signature/Incorporator	_		Date