P800/10/53

(Reques	tor's Name)	
(Address	s)	
(Address	<u> </u>	
(City/Sta	ite/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busine:	ss Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



300321439323

12/07/18-+01019--002 **70.00

2018 DEC -7 AM 9: 56 SEURETARY OF STATE TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: ALIEN WELL) CORPORAT	DRATTON	
(PROPOSED CORPORAT	TÉ NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	eles of incorporation and	d a check for:
▼ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	& Certificate of Status
	ADDITIONAL CO	PPY REQUIRED
	drea Baluar (Printed or typed) 2 nd Street ddress	
City, 5	FL 33/	73
Daytime Tel Abalyarte Size E-mail address: (10 be used		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)

The name of the corporati	on shall be: #LIEN	WELD CORPORHI	ION
	IPAL OFFICE Principal <u>street</u> address	Mailing	g address, if different is:
9415 SW 7	2nd Street Suite 140	3	
Miani, F	L 33173		
ARTICLE III PURPO. The purpose for which th	SE se corporation is organized is:	Professional Weld	Ling
ARTICLE IV SHARE The number of shares of shares	stock is: ///	ORS Manched	2018 DEC -7 AM SECRETARY OF TALLAHASSE
Name and Title Address	Andrea Balyarte 9415 Sw 72nd St. S Miami, Fr 33173	4/14] Address:	9.56 FL
Name and Title:			
Addices			
Name and Title:		Name and Title:	
Address		Address:	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box N	
Name: Lloyd H. Fa Address: LOO Sw 4th a Fort Landadad	ve Suite 113
Fort Landerdal	12 FL 33315
ARTICLE VII INCORPORATOR	2018 DEC SECRE TALL
The <u>name and address</u> of the Incorporator is:	LE KE
Name: Andrea Bu	luarte HA 1
Address: <u>941.5 SW 7</u>	2nd street Suite 149 Sers 5
Mianu FL	33/73 FATE 56
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be sp filing.)	. (OPTIONAL) secific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not me the document's effective date on the Department of	eet the applicable statutory filing requirements, this date will not be listed as f State's records.
Having been named as registered agent to accept this certificate, I am familiar with and accept the a	service of process for the above stated corporation at the place designated in ppointment as registered agent and agree to act in this capacity
Lloyd of far	11/27/18
Required Signature/Regi	stered Agent Date
I submit this document and affirm that the facts s document to the Department of State constitutes a t	stated herein are true. I am aware that the false information submitted in third degree felony as provided for in s.817.155, F.S.
- My ye	11/27/18
Required Signature/Incorporator	Date

.