

P19000071145

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000278298 3)))



H190002782983A5CD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

19 SEP 17 PM 2:53
STATE DEPT OF STATE
DIVISION OF CORPORATIONS

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

C RICO
SEP 17 2019

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
INNOVATION SCRAP METAL CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Innovation Scrap Metal Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

7220 SW 16th St Miami, FL 33155

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER(S):

Tommie Danilo Castro (CP)

FILED
STATE
DIVISION OF CORPORATIONS
19 SEP 17 PM 2:53

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

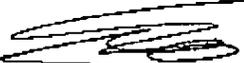
Tommie Danilo Castro
7220 SW 16th St Miami FL 33155

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Tommie Danilo Castro
7220 SW 16th St Miami FL, 33155

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 _____ Registered Agent	9/17/19 _____ Date
--	--------------------------

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 _____ Incorporator	9/17/19 _____ Date
--	--------------------------

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 19 SEP 17 PM 2:53