

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

Please honor original
date 10/17/2019

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCAG00000023
Phone : (614)290-3339
Fax Number : (954)205-0845

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
Seraweld U.S.A. Incorporated

Certificate of Status	0
Certified Copy	1
Page Count	04
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Corporate Filing Menu

Help

Please honor original date 10/16/2019



October 17, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATIONS

SUBJECT: SERAWELD USA INCORPORATED
REF: W19000092323

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Marti Simmons
Regulatory Specialist II
New Filing Section

FAX Aud. #: B19000307581
Letter Number: 719A00021437

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

ARTICLE I NAME

The name of the corporation shall be Seraweld U.S.A. Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

360 NW 27th Street

Miami, FL 33127

Mailing address, if different is

P.O. Box 403790

Miami Beach, FL 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Distribution of exclusively the Durmetal® Coldwelding Repair Systems® product line in North America, South America,
Central America, and Australia only.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maximiliane J. Schinabeck, Director

P.O. Box 403790

Miami Beach, FL 33140

Name and Title: Maximiliane J. Schinabeck, CEO

P.O. Box 403790

Miami Beach, FL 33140

Name and Title: Sophia E. Ioannidis, President

P.O. Box 403790

Miami Beach, FL 33140

Name and Title: Sophia E. Ioannidis, COO

P.O. Box 403790

Miami Beach, FL 33140

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System _____

Address: 1200 South Pine Island Road _____

Plantation, FL 33324. _____

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: Maximiliane J. Schinabeck _____

Address: P.O. Box 403790 _____

Miami Beach, FL 33140 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/16/19 _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable 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 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*By: Bree Zahner, Assistant Secretary
Required Signature/Registered Agent

10/16/2019

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.*Maximiliane J. Schinabeck
Required Signature/Incorporator

10/16/19

Date