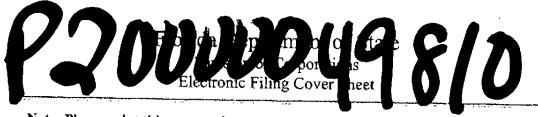
3052201440



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.

(((H200002170143)))



H200002170143ABCR

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

To:		7
	Division of Corporations	1100
	Fax Number : (850)617-6381	14.55 15.55
, From:		- <u>12</u> 12, •
-	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019	CFS E.F.S
	Phone : (305)552-5973	SE 3
	Fax Number : (305)675-5944	
**Enter	the email address for this business entity to be used for fu nual report mailings. Enter only one email address please.**	ture
Ec	nail Address:	

## FLORIDA PROFIT/NON PROFIT CORPORATION CJ WELDING INC

**SUL** 1 0 2020

T. SCOTT

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

JUL 1'0 2020

r. SCOTT

## ARTICLES OF INCORPORATION

." In compliance with Chapter 607 (Profit)

						Ja.
	ARTIC	LEI NA	ME: The nar	ne of the corpo	ration is:	**
<i>ન</i> ે	0-	J WE	LBTU	9 Tue		07.02
						<u></u> ر
	<u>4</u>	ARTICLE II	PRINCI	PAL OFFICE	<u>:</u>	
				d mailing addr		필의
	<u> 13479</u>	30 Scar 30	ST H	iami FL	33/95	그 음을
		<del></del>				三 复形
****				_		<del></del>
						<del></del>
RTICLE	III SHA	RES: The n	umber of sha	ares of stock is:	100	
Aì	RTICLE IV	INTEL	A TATORATA	ORS AND/OI	) OFFICE be	١_
		J Son:			$\bigcirc$	Σ <u>ι</u>
<u> • 171</u>	2200	<del>J Jone</del>	-HLOZ		<u> </u>	
	>00 (			12:5		
10	<u>250</u>	10NZA	LE 2 0	DiBAL	VE-	
		~		<del></del> .		
		• • • • • • • • • • • • • • • • • • • •				
	· · · · · · · · · · · · · · · · · · ·					
	<del> </del>					
ARTICL				GENT AND S		
he name	and Florida s	street address	s (РО Вох по	t acceptable) o	f the registere	
he name	and Florida s	street address	s (РО Вох по	t acceptable) o	f the registere	
he name	and Florida s	street address	s (РО Вох по		f the registere	
he name	and Florida s	street address	s (РО Вох по	t acceptable) o	f the registere	
he name	and Florida s	street address	s (РО Вох по	t acceptable) o	f the registere	
The name :	and Florida s  ARLOS  479 S	street address S J So. S 30 S	s (PO Box no n Zalo T Hia TOR: The na	t acceptable) o	f the registere	ed agent is:
The name :	and Florida s  ARLOS  479 S	street address S J So. S 30 S	s (PO Box no n Zalo T Hia TOR: The na	t acceptable) o	f the registere	ed agent is:
The name :	and Florida s  ARLOS  479 S	street address S J So. S 30 S	s (PO Box no n Zalo T Hia TOR: The na	t acceptable) o	f the registere	ed agent is:

## 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



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 Late