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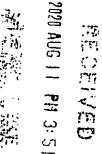
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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

Office Use Only



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## **CORPORATE**

### When you need ACCESS to the world

· ACCESS, \_\_\_\_ INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

#### **WALK IN**

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#### **COVER LETTER**

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

SUBJECT: METAL SOLUTIONS FABRICATORS INC (PROPOSED CORPORATE NAME - <u>MUST INCLUDE SUFFIX</u>)

□ \$70.00	<b>☑</b> \$78.75	☐ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
C	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED

ROM:	METAL SOLUTIONS FABRICATORS INC
	Name (Printed or typed)
	250 NW 198TH TER
	Address
	PEMBROKE PINES FL 33029
	City, State & Zip
	954-963-8771
	Daytime Telephone number
	ada@bravoaccounting.com
•	E-mail address: (to be used 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)

ARTICLE I NAME The name of the corporat	ion shall be: METAL SOLUTIONS F	ABRICATOR	SINC		_
ARTICLE II PRINC 250 NW 198TH TER PEMBROKE PINES I	Principal street address		Mailing address,	if different is:	
ARTICLE III PURPO The purpose for which t	DSE he corporation is organized is: ANY AN	D ALL LAWF	JL BUSINES	SS	
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SECRETA	<u> </u>
ARTICLE IV SHARE The number of shares of ARTICLE V INITIA	ES stock is: 1000 L OFFICERS AND/OR DIRECTORS			ARY OF STATE SEE, FLORIBA	LED
	JOSE MOYA, P	_ Name and Title	MARIO MO	YA, VP	•
Address	250 NW 198TH TER	Address:	250 NW 19		
	PEMBROKE PINES FL 33029	-	PEMBROK	E PINES F	L 33029
Name and Title:	-	Name and Title	:		
Address		_ Address: _		····	
Name and Title:		- Nama and Titls		<u> </u>	·· <b>·</b>
Address					
		-			

Name	and Title: Name	and Title:
Addro	ess Addre	
ARTICLE VI	REGISTERED AGENT	
The name and Name:	Florida street address (P.O. Box NOT acceptable) of the regi JOSE MOYA	istered agent is:
	250 NW 198TH TER	
Address:	PEMBROKE PINES FL 33029	
	<u>INCORPORATOR</u>	
The <u>name and</u>	address of the Incorporator is:	
Name:	ADA F BRAVO	
Address:	650 NW 180TH TER STE 103	
	PEMBROKE PINES FL 33029	
<u>ARTICLE VII</u>	I EFFECTIVE DATE:	
Effective date, (If an effective filing.)	if other than the date of filing:	(OPTIONAL) re than five days prior or 90 days after the
	te inserted in this block does not meet the applicable statutor	v filing requirements, this date will not be listed
	effective date on the Department of State's records.	
Having been no certificate, I am	amed as registered agent to accept service of process for the ab I familiar with and accept the appointment as registered agent	ove stated corporation at the place designated in t and agree to act in this capacity
(	Jose Moya	08/10/20
	Jose Moya Required Signature/Registered Agent	Date
I submit this de	ocument and affirm that the facts stated herein are true. I as Department of State constitutes a third degree felony as prov	am aware that the false information submitted
uocumeni to ine	P. I S Suite constitutes a intra degree Jetony as prov	sueu jor in \$.81 /.155, F.S.
	What The Share	08/10/20