Florida Department of State Division of Corporations

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To:	Division of Corporations	េះ
	Fax Number : (850)617-6381	۱ ر ب
	(a) Habit	~ (.)
From:		
	ACCOUNT Name : LEGALINC CORPORATE SERVICES INC.	(
	Account Number : I20180090011	`:.
	Phone : (844)386-0178	ı*
	Fax Number : (214)317-4754	1.

**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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FLORIDA PROFIT/NON PROFIT CORPORATION Triton Metal Fabricators Inc.

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(((H200004451	94 3)))		
	ARTICLES OF INC In compliance with Chapter 607 a	ORPORATION nd/or Chapter 62	N 1 F.S. (Profit)
ARTICLE 1 N.4. The name of the corp	<u>WE</u> pration shall by Triton Metal Fabricat	ors Inc	
ARTICLE II PR	NCIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:
1830 N University	Dr, Suite 225		
Plantation, FL 333	322		
ARTICLE III PCI The purpose for which		all lawfut busin	ess
			<i>N</i>
			• -
<u></u> -			
			<u> </u>
			1° 3
ARTICLE V INI	of stock is:		
	TIAL OFFICERS AND/OR DIRECTORS itle: Sandranetta Smith, President	Nome at 1 T	tustin Johnson Vice Deve
Address	1830 N University Dr. Suite 225	Name and 11 Address:	tle: Justin Johnson, Vice President 1830 N University Dr. Suite 225
	Plantation, FL 33322	 -	Plantation, FL 33322
Name and Ti	tie:	Name and Ti	rlar
Address			tle:
		Address:	

Name and Title:

Address:

Name and Title:_

Address

(((H20000445				
Name and Title:		Name and Title:		
Address		Address:		
-				
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	Sandranetta Smith	_		
Address:	1830 N University Dr. Suite 225			
	Plantation, FL 33322			
ARTICLE VII	<u>INCORPORATOR</u>			
The name and a	address of the Incorporator is:			
Name:	Sandranetta Smith			
Address:	1830 N University Dr, Suite 225	<u> </u>		
	Plantation, FL 33322			
	if other than the date of filing:	(OPTIONAL)		
(If an effective	date is listed, the date must be specific and car	anot be more than five days prior or 90 days after the		
filing.)	the species of the species of the species	ble statutory filing requirements, this date will not be listed a		
Note: If the date the document's	steffective date on the Department of State's recor	ds.		
	i f mun an	er for the above stated corporation at the place designated in t		
Having been no certificate, I an	amed as registered agent to accept service of proces of familiar with and accept the appointment as revi			
· /	144	12/29/2.		
	Required Signature/Registered Agent	Date		
I submit this o	locument and affirm that the facts stated herein	are true. I am aware that the false information submitted t		
document to th	document and affirm that the facts stated herein to be Department of State constitutes whird degree fe	,		
	15 15mm	Date 12/29/20		
Required Sign	ature meorporator			

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