

P210000011394

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : INTERSTATE FILINGS LLC  
Account Number : I201100000086  
Phone : (718)569-2703  
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2021 FEB -3 PM 5:00

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

Email Address: CONTACT@INTERSTATEFILINGS.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
TROPICAL METAL RECYCLING INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2021 FEB -3 PM 12:33

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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:

TROPICAL METAL RECYCLING INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8417 BASUTO DR

8417 BASUTO DR

TRINITY, FL 34655

TRINITY, FL 34655

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY LAWFUL PURPOSE

**ARTICLE IV SHARES**

The number of shares of stock is:

200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ALLAN FELDMAN, PRESIDENT

Name and Title:

Address

8417 BASUTO DR

Address:

TRINITY, FL 34655

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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(cont.)

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ALLAN FELDMAN  
 Address: 8417 BASUTO DR  
TRINITY, FL 34655

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALLAN FELDMAN  
 Address: 8417 BASUTO DR  
TRINITY, FL 34655

*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*

  
 Required Signature/Registered Agent

1/29/21  
 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.*

  
 Required Signature/Incorporator

1/29/21  
 Date

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