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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PiCK-U-	D WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer

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2021 MAR 29 PH 12: 48

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CORPORATE ACCESS,

When you need ACCESS to the world

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

		P	ICK UP:	3/29 Glinda	
		CERTIFIED COPY			
	XX	РНОТОСОРУ			
	xx	CUS	GS		
	xx	FILING	ARTI	CLES	
1.		(CORPORATE NAME AND DO		ium Corp.	
2.		(CORPORATE NAME AND DO			
3.			,		
4.		(CORPORATE NAME AND DO	CUMENT #)		
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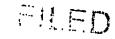
COVER LETTER

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

United Aluminum Corp.						
SUBJECT:	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an ori	iginal and one (1) copy of the art	ticles of incorporation and	i a check for:			
□ \$70.00 Filing Fee	•	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL CO	PY REQUIRED			
FROM: _	Gerald Schilian, Esq. Nam 7000 W. Plametto Pk. Rd., Suit	e (Printed or typed) te 210				
		Address				
- -	Boca Raton, FL 33433	0				
	9544154545	, State & Zip				
	Daytime 1	l'elephone number				
	gerryschilian@gmail.com					
	E-mail address: (to be use	d for future annual report i	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)



The name of the corporation shall be: United Aluminum Corp. 2021 MAR 29 PM 12: 48 SECRETARY OF STATE ARTICLE II PRINCIPAL OFFICE Mailing address, if different is 1488EE, FL Principal street address 3100 NE 48 Street Suite 312 Fort Lauderdale, FL 33308 ARTICLE III PURPOSE The purpose for which the corporation is organized is: All lawful business ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Patrick Rennison, President Name and Title: 3100 NE 48 Street, Suite 312 Address Address: Fort Lauderdale, FL 33308 Name and Title:____ Name and Title: Address _____ Address: Name and Title: Name and Title: Address ______ Address:

Name and Title:		Name and Title:			-
Address		Address:			-
				-	-
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of Gerald Schilian	The registered agent is:			
Address:	7000 W. Palmetto Pk. Rd., Suite 210	-			
. 144.055.	Boca Raton, FL 33433	-	3E(2021	
ARTICLE VII	<u>INCORPORATOR</u>		ALLAHA	021 MAR 29	***
The name and ac	dress of the Incorporator is:		HASAEE,		; '
Name:	Gerald Schilian		in so	PH 12: 48	
Address:	7000 W. Palmetto Pk. Rd., Suite 210		FE	34:	
	Boca Raton, FL 33433	<u>.</u>	tų.	ω.	
Effective date, if (If an effective d filing.) Note: If the date	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and canno inserted in this block does not meet the applicable ffective date on the Department of State's records.	t be more than live days prior o			S
	ed as registered agent to accept service of process fu miliar with and accept the appointment as register			ted in th	is
		ì	March 26, 2121		
***	Required Signature/Registered Agent		Date	······································	
I submit this document to the I.	ument and affirm that the facts stated herein are a Department of State constitutes a third degree felony	true. I am aware that the false in as provided for in s.817.155, F.S.	formation subm	itted in	а
	And the state of t	Ν	March 26, 212	ł	
Required Signatur	e/Incorporator	Date			