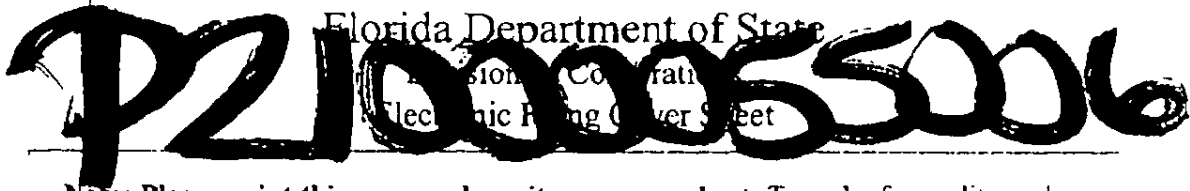


6/9/2021

Division of Corporations



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(((H21000228477 3)))



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To:

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

From:

Account Name : FASTKIT CORP  
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**\*\*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  
VISIONS METAL WORKS SUPPLY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
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June 10, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FASTKIT CORP

SUBJECT: VISIONS METAL WORKS SUPPLY, INC.  
REF: W21000084601

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Steve J Kurisko  
Regulatory Specialist II  
New Filings

FAX Aud. #: H21000228477  
Letter Number: 921A00012841

6/10/2021 1:35 PM

**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: VISIONS METAL WORKS SUPPLY, INC.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

SAME

398 E 56TH STHIALEAH, FL 33013**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: WELDING SERVICES**ARTICLE IV SHARES**The number of shares of stock is: 100 PER VALUE \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MEISDIEL CAMPES MEDINAName and Title: ARIEL CUE FUENTESAddress: 398 E 56TH STAddress: 1910 NW 134TH STHIALEAH, FL 33013MIAMI, FL 33167PRESIDENT 55%VICE PRESIDENT 45%

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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: MEISDIEL CAMPES MEDINA  
Address: 398 E 56TH ST  
HIALEAH, FL 33013

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: ARIEL CUE FUENTES  
Address: 1910 NW 134TH ST  
MIAMI, FL 33167

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


*Having been named as registered agent to accept service of process for the above stated corporation as 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

06/01/2021

\_\_\_\_\_  
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

06/01/2021

\_\_\_\_\_  
Date