P21000055498

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	#)
PI©K-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

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

SUBJECT:	Vance Metals, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
□ \$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED

FROM:	Kevin Vance	
	Name (Printed or typed)	
	13147 Woodford Street	
	Address	
	Orlando, FL 32832	
	City, State & Zip	
	(407) 7665399	
	Daytime Telephone number	
	Vance ke vin () ao l. com E-mail address: (to be used for future annual report notification)	

NOTE: Please provide the original and one copy of the articles.

RTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Pront)

TICLE I NAME			
name of the corpora	tion shall be: Vance Metals,	nc.	
TICLE II PRINC	<u> IPAL OFFICE</u>		
13147 Woodford	Principal <u>street</u> address Street	Mailing address, if different	is:
Orlando, FL 3			
		· · · · · · · · · · · · · · · · · · ·	
RTICLE III PURPO			
ne purpose for which t	he corporation is organized is:		<u>_</u>
Any and all	lawful business		
		-	
	<u> </u>		
	L OFFICERS AND/OR DIRECTORS		
Name and Tit	Vance, Kevin, President	Name and Title:	
Address	13147 Woodford Street	Address:	
	0-11- Pt 22022		
	Orlando, FL 32832		
Name and Title:		Name and Title:	
Address		Address:	
		<u> </u>	
			
Name and Title:		Name and Title:	
Address		Address:	
•			
		<u> </u>	
•	 	-	

Name an	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT	11.3.60	
	orida street address (P.O. Box NOT acception Kevin Vance	lable) of the registered agent is:	
Name:			
Address:	13149 Woodford		
	Orlando, FL 32832		
ARTICLE VII	<u>INCORPORATOR</u>		
	ldress of the Incorporator is:		
Name:	Kevin Vance		
Address:	13147 Woodford Street		
	Orlando, FL 32832		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if (If an effective d	other than the date of filing:ate is listed, the date must be specific an	(OPTIONAL) d cannot be more than five days prior or 90 da	iys after the
filing.)			
	inserted in this block does not meet the ap fective date on the Department of State's	plicable statutory filing requirements, this date weecords.	ill not be lis
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		rocess for the above stated corporation at the plac registered agent and agree to act in this capacity	e designated
- <i>Y</i>	2 1/2 1	r-/	0/207
	Required Signature/Registered Ag	ent	Date
	ument and affirm that the facts stated he	ein are true. I am aware that the false informat	ion submitte
		ce retony as provided for IN S.01 /. 133. F.3.	
	Department of State constitutes a third degr	,	19/202