

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Cor	porations	<u> </u>
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From:			e e
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	Account Number	: I20190000091	<u>.</u>
	Phone	: (786)212-6491	Ľ.
	Fax Number	: (305)454-6657	
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## FLORIDA PROFIT/NON PROFIT CORPORATION ANGEL ALUMINIUM WORKS INC

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09/23/2021 11:33 #750 P.002

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

HIALEAH, FL 33012  Name and Title:  Address  Address:  Jame and Title:  Name and Title:  Name and Title:	<u>ICI,E II PR</u>	<u> RINCIPAL OFFICE</u>			
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Name and Title:		Name and Title:			
Addro	ess	Address:			
			<del></del>		<del></del>
ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	the registered agent is:			
Name:	LUIS ANGEL GUTIERREZ-MILIAN	_			
Address:	4416 W 10TH AVE	_	Ø <b>/</b>		
	HIALEAH, FL 33012	_		31	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		<u>-</u> ·	SEP 23	7 mg
The <u>name and</u>	address of the Incorporator is:		$\mathcal{Z}_{+}$	ω -	
Name:	S&S ACCOUNTING SERVICES, INC.		C	<u> </u>	
Address:	3383 NW 7 ST SUITE 304		r <del></del>	PM 12: 4	
	MIAMI, FL 33125			7	
Effective date, i	EFFECTIVE DATE:  f other than the date of filing:  date is listed, the date must be specific and cannot	(OPTIONAL) be more than five days pri	ior or 90 days s	after the	
Note: If the dat	e inserted in this block does not meet the applicable seffective date on the Department of State's records.	statutory filing requirements,	this date will n	ot be list	ed as
Having been nat certificate, I am	med as registered agent to accept service of process for familiar with and accept the appointment as registere	r the above stated corporation d agent and agree to act in th	is capacity	,	
	Required Signature/Registered Agent	<del></del>	09/3/ Dat	202	_
I submit this document to the	cument and affirm that the facts stated herein are to Department of State constitutes a third degree felony.	rue. I am aware that the fals as provided for in s.817,155,	!	submitte '	
reduier Signati	medicorporator	Date	<del>-/-/</del>		