

P21600099451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

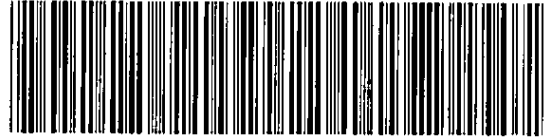
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only

T. SCOTT

NOV 24 2021



400376180364

11/29/21--01001--005 **70.00

2021 NOV 24 PM 3:16

ALLAHUSSEIN, H.C.

2021 NOV 24 PM 2:58

RECEIVED

COVER LETTER

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

SUBJECT: METROWEST TRADING, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: A&A Business Services, Inc
Name (Printed or typed)

7751 Kingspointe Pkwy. Suite 125
Address

Orlando, FL 32819
City, State & Zip

(407) 383-7812
Daytime Telephone number

aabusinessfl@yahoo.com
E-mail address: (to be used for future annual report 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)

ARTICLE I NAME

The name of the corporation shall be: Metrowest Trading, Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
6135 SILVER STAR ROAD
Unit 6215
Orlando, FL 32808

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful Business.

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kamalinder Singh PD Name and Title: _____

Address: 6135 SILVER STAR ROAD Address: _____
Unit 6215
Orlando, FL 32808

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

NOV 24 PM 3:16
FILED

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: Kamshinder Singh
Address: 6135 SILVER STAR ROAD, Unit 6215
Orlando, FL 32808

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kamshinder Singh
Address: 6135 SILVER STAR ROAD, Unit 6215
Orlando, FL 32808

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 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

Xip
Required Signature/Registered Agent

11/24/21
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.

Xip
Required Signature/Incorporator

11/24/21
Date