

P22000032932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

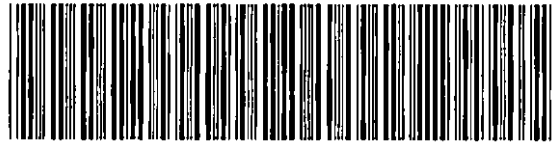
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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7D
TALLAHASSEE, FL

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CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

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

PICK UP: 5/3 Danny

☐ **CERTIFIED COPY** _____
XX **PHOTOCOPY** _____
☐ **CUS** _____
XX **FILING** INC _____

1. **ELUMINUM, INC**
(CORPORATE NAME AND DOCUMENT #) _____
2. _____
(CORPORATE NAME AND DOCUMENT #) _____
3. _____
(CORPORATE NAME AND DOCUMENT #) _____
4. _____
(CORPORATE NAME AND DOCUMENT #) _____
5. _____
(CORPORATE NAME AND DOCUMENT #) _____
6. _____
(CORPORATE NAME AND DOCUMENT #) _____

**SPECIAL
INSTRUCTIONS:**

Please debit this account:

FCA000000011

\$ 70

Deinda Bent

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: ELUMINUM, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1900 SW 8th Street, Apt. E1502

Miami, Florida 33155

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JULIE RUSSELL, PRESIDENT

Address 1900 SW 8th Street, Apt E1502

Miami FL 33135

Name and Title: DAVID WALLER, DIRECTOR

Address: 110 Wooded Acres Ln

Downingtown Pennsylvania 19335

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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STATE OF FLORIDA
TALLAHASSEE, FL
10

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: JULIE RUSSELL
Address: 1900 SW 8th Street, Apt E1502
Miami FL 33135

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JULIE RUSSELL
Address: 1900 SW 8th Street Apt E1502
Miami FL 33135

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TALLAHASSEE, FL

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

DocuSigned by:
Julie Russell 4/29/2022
BF32713098D9483 Required Signature/Registered Agent 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.

DocuSigned by:
Julie Russell 4/29/2022
Required Signature/Incorporator Date