

P22000081258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

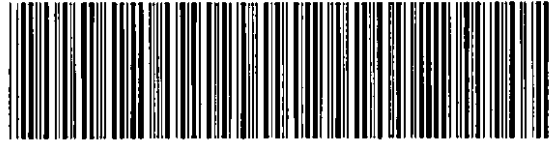
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM

OCT 26 2022

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
OCT 25 AM 10:13

2022 OCT 25 PM 3:10  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** ALLIED METRICS O-RINGS & SEALS, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Bruce E. Mantell, Esq.

Name (Printed or typed)

c/o Mantell, Prince & Reynolds, P.C., 180 Mount Airy Road, Suite 102

Address

Basking Ridge, NJ 07920

City, State & Zip

908-464-5900

Daytime Telephone number

b.westerman66@gmail.com

E-mail address: (to be used for future annual report notification)

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

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 10/25/2022

Acc#120160000072

*W: C D W*

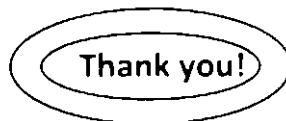
Name:	Allied Metrics O-Rings & Seals, Inc.
Document #:	
Order #:	14605720

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 78.75



**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: ALLIED METRICS O-RINGS & SEALS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1645 Winding Oaks Way, Unit 203  
Naples, FL 34109

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: 2,500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: William Westerman, Jr., President

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

Address 1645 Winding Oaks Way, Unit 203  
Naples, FL 34109

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
SECRETARY  
DIVISION OF CORPORATIONS  
OCT 25 AM 10:11

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: William Westerman, Jr.

Address: 1645 Winding Oaks Way, Unit 203

Naples, FL 34109

**ARTICLE VII INCORPORATOR**

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

Name: William Westerman, Jr.

Address: 1645 Winding Oaks Way, Unit 203

Naples, FL 34109

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 OCT 25 AM 10:33

**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*

By: William Westerman  
Required Signature/Registered Agent

10/21/2022  
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.*

William Westerman  
Required Signature/Incorporator

10/21/2022  
Date