

6/27/23, 11:46 AM

**P23000048612**

Florida Department of State  
Division of Corporations  
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CORPORATIONS  
COMMERCIAL  
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION  
OMNISOURCE SCRAP METAL MGMT MX CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

OMNISOURCE, FL

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Electronic Filing Menu

Corporate Filing Menu

Help

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: OMNISOURCE SCRAP METAL MGMT MX CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1170 NW 11TH ST STE 100, STE 530 MIAMI FL 33136

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GABRIELA ORTIZ (P)

Name and Title:

Address 1170 NW 11TH ST

Address:

STE 100 ,STE 530

MIAMI, FL 33136

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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ALACHUA COUNTY, FL  
STATE

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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: GABRIELA ORTIZ  
Address: 1170 NW 11TH ST STE 100, STE 530 MIAMI FL 33136  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GABRIELA ORTIZ  
Address: 1170 NW 11TH ST STE 100, STE 530 MIAMI FL 33136  
\_\_\_\_\_

**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*

\_\_\_\_\_  
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.*

\_\_\_\_\_  
Required Signature/Incorporator Date

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TALLAHASSEE, FL