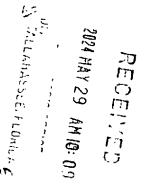
## P24000035611

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
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PICK-UP	WAIT MAIL
	<del></del>
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
	····
Special Instructions to	Filing Officer:
	J
	<b>!</b>

Office Use Only



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## **COVER LETTER**

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

SUBJECT: S	PROPOSED CORPORA	elding Suppl	y Inc
	ginal and one (1) copy of the arti		
	Sinus and one (1) copy of the arti	letes of incorporation and	a check for.
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	& Certified Copy	& Certificate of Status
FROM:	Aleena M Mu Name	ADDITIONAL CO	T REQUIRED
	197 N 5th	St- Address	
	Lake more	F-1 32 74	6
_	Daytime To	elephone number	<del></del>
	Sidney lee weld E-mail address: (to be used	ting agman. 60	
			······

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)

The name of the corporation shall be:	lee welding Supply, inc
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
ARTICLE II PRINCIPAL OFFICE    Carlo   197 N 5 St	
Take mary E1 3.2741	4
<u>ARTICLE III PURPOSE</u> The purpose for which the corporation is organized is:	all business
ARTICLE IV SHARES The number of shares of stock is: 1005	
the number of snares of stock is:	<del></del>
ARTICLE V INITIAL OFFICERS AND/OR DIREC	CTORS  ' ' ' ' Name and Title:
Name and Title: FICENCE M METTS	Name and Title:
Address 197 NE St	Address:
_ Lutter part y	-1 32746
Name and Title:	Name and Title:
Address	Address:
y <u> </u>	
Name and Title:	Name and Title:
Address	Address:

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 egent in
Alexan	of the registered agent is.
Name: 7-1 Felorial Mov 113.	_
Address: 14/ 1 ,5 31	<u> </u>
lake mary F1 327	16
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: alexan merris	
Name: Alexan merris  Address: 197.2.5th 5th	
lake nery f-1	 2
The Many 1-1	<u> </u>
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 can filing.)	not be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the applicabe the document's effective date on the Department of State's record	le statutory filing requirements, this date will not be listed as s.
Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as regist	for the above stated corporation at the place designated in this ered agent and agree to act in this capacity
Am mu	5-29-24
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein ar document to the Department of State constitutes a third degree felo	re true. I am aware that the false information submitted in a provided for in s.817.155, F.S.
Au nama	5-29-24
Required Signature/Incorporator	Date

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