

024000075697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

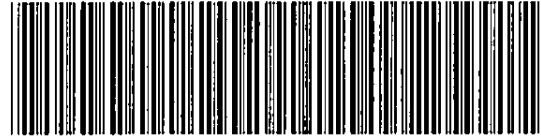
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**CORPORATE  
ACCESS,  
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303  
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CERTIFIED COPY \_\_\_\_\_

XX PHOTOCOPY \_\_\_\_\_

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XX FILING INC \_\_\_\_\_

1. SPECTRUM METALS, 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 #)

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SPECIAL INSTRUCTIONS:

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\_\_\_\_\_

COVER LETTER

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

SUBJECT: Spectrum Metals 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

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FROM: Southeast Accounting / Christine Pendleton  
Name (Printed or typed)

713 East Atlantic Blvd  
Address

Pompano Beach FL 33060  
City, State & Zip

954 941 7328 / or 954-729-7234 (cell)  
Daytime Telephone number

admin@southeastacctg.com  
E-mail address: (to be used for future annual report notification)

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

STATE OF FLORIDA  
ARTICLES OF INCORPORATION  
In compliance with: Chapter 607 and/or Chapter 621, F.S. (Profit)

SPECTRUM METALS, INC.

The undersigned, acting as incorporators of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation:

FIRST: The name of the Corporation is:  
SPECTRUM METALS, INC.

SECOND: The period of its duration is perpetual.

THIRD: The purpose or purposes for which the corporation is organized are:

To engage in the transaction of any or all lawful business for which  
Corporations may be incorporated under the provisions of the Florida General  
Corporation Act.

FOURTH: The aggregate number of shares which the corporation shall have authority to  
issue is:

One Hundred Shares (100) at \$1.00 par value.

FIFTH: The name and Florida street address of the initial registered agent of the  
Corporation shall be:

FRED MASSARO  
265 SOUTH FEDERAL HIGHWAY SUITE #149  
DEERFIELD BEACH, FL 33441

The Florida street address of the principal office of the Corporation shall be:

265 SOUTH FEDERAL HIGHWAY SUITE #149  
DEERFIELD BEACH, FL 33441

SIXTH: The number of Directors constituting the initial Board of Directors of the  
Corporation is 1, and the names and addresses of the persons whom are to  
serve as Directors until the first annual meeting of Shareholders or until their  
successors are elected and shall qualify are:

FRED MASSARO  
265 SOUTH FEDERAL HIGHWAY SUITE #149  
DEERFIELD BEACH, FL 33441

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The name and address of each incorporator is:

FRED MASSARO  
265 SOUTH FEDERAL HIGHWAY SUITE #149  
DEERFIELD BEACH, FL 33441

*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*

[Signature] \_\_\_\_\_ 12/17/2024  
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.*

[Signature] \_\_\_\_\_ 12/17/2024  
Required Signature/Incorporator Date

SEVENTH: The Effective Date of incorporation shall be January 1 2025.

Dated: 12/17, 2024

State of Florida:  
County of Broward:

The foregoing instrument was acknowledged before me this, 17<sup>th</sup> day of 12, 2024 by \_\_\_\_\_

[Signature]  
Notary Public



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DATE

Personally Known  OR Produced Identification   
Type of Identification Produced Driver License