

7/11/25, 11:38 AM

Division of Corporations

P25000039470

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC.

Account Number : I20130000019

Phone : (718)362-4789

Fax Number : (718)408-2550

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: gsppdorazio@gmail.com

## FLORIDA PROFIT/NON PROFIT CORPORATION

Metro Machining And Fabricating Corp.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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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: Metro Machining And Fabricating Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1017 OLD BURNT STORE ROAD N

CAPE CORAL, FL 33993

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALES OF MACHINE PARTS FOR ELEVATORS

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GIUSEPPE DORAZIO, Officer

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

Address 1017 OLD BURNT STORE ROAD N

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

CAPE CORAL, FL 33993

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

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

Address \_\_\_\_\_

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

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 agent is:

Name: GIUSEPPE DORAZIO  
Address: 1017 OLD BURNT STORE ROAD N  
CAPE CORAL, FL 33993

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GIUSEPPE DORAZIO  
Address: 1017 OLD BURNT STORE ROAD N  
CAPE CORAL, FL 33993

**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 business days prior or 90 business 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*

/s/ GIUSEPPE DORAZIO

7/14/2025

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

/s/ GIUSEPPE DORAZIO

7/14/2025

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

\_\_\_\_\_  
Date