# P95000048830

### TRANSMITTAL LETTER

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

SECRETARY O	95 JUN 20	THE STREET
FF FLORIDA	EH 9: 33	Tares.

SUBJECT:	ACCURATE	WORKS	MACHINE	SHOP, CO.	
	(Proposed o	corporate	name - must	include suffix)	

Enclosed is an origina for : \$70.00 Filing Fee	I and one (1) co  x \$78.75  Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy  Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate	and a check
FROM:	RODOLFO BARRIOS  Name (printed or typed)		Si -06, ***	』 ™0001518655 /21/9501007004 ***78.75 ******78.75
		96 Terrace		ক্ষাত নিজক কৰা বিজ্ঞানিক বিজ্ঞানিক বিজ্ঞানিক কৰা কৰা কৰা কৰা কৰা কৰা কৰা কৰা কৰা কৰ
		Address		
	PEMBROKE	PINES, FLORIDA	33025	
	City, State & Zip		<del></del>	
	(305) 432-4139			
	Daytime *	Telephone number	·	

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

#### ARTICLES OF INCORPORATION

OF

#### ACCURATE WORKS MACHINE SHOP, CO.

95 JUN 20 KM 9: 3

The undersigned acting as subscribers of a Corporation under the Florida Corporate Law, adopt the following Articles of Incorporation for such Corporation.

#### ARTICLE I

The name of the corporation is; ACCURATE WORKS MACHINE SHOP, CO.

#### ARTICLE II

The principal address of the corporation is; 151 S.W. 96 Terr.

Pembroke Pines,Fl.

33025

#### ARTICLE III

The purpose for wich the Corporation is organized is to engage in any activities or business permitted under the law of the United States and Florida.

#### ARTICLE IV

The period of the corporation is perpetual.

#### ARTICLE V

The aggregate number of shares that the corporation shall have the authority to issue is SEVEN THOUSAND (7,000) shares of Capital Stock, all of one class, with a par value of One Dollar (\$1.00) per share.

#### ARTICLE VI

The amount of capital with which the Corporation shall begin business is not less than SIX HUNDRED DOLLARS (\$600.00).

#### ARTICLE VII

The street address of its initial registered office of the Corporation is; 151 S.W. 96 Werr. Pembroke Pines, Fl. 33025

and the name of the Registered agent is; Rodolfo Barrios

#### ARTICLE VIII

The number of director constituting the initial Board of Directors of the corporation  $\underline{\mbox{Is one}}$ .

Rodolfo Barrios: 151 S.W. 96 Terr. Pembroke Pines,Fl. 33025

#### ARTICLE IX

The name and address of the initial Subscriber is

: Rodolfo Barrios, 151 S.W. 96 Terr. Pembroke Pines, Fl. 33025

#### ARTICLE X

The following named person shall be the officer of this Corporation for the first year of its existence or until their successors are elected and have qualified:

Rodolfo Barrios President - Treasurer - Secretary

#### ARTICLE XI

> Rodolfo Barrios Subscriber and Registered Agent

STATE OF FLORIDA:
SS
COUNTY OF DADE:

BEFORE ME, the undersigned authority, personally appeared

to me well known to be the person described herein, and acknowledged before me, according to law, that made and subscribed the same for the purpose therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hands and my Official Seal, this 2 day of 1955.

ANA M. ESTEVEZ

NOTARY PUBLIC, State of Florida at

large

My commission expires:

OFFICIAL NOTARY SEAL
ANA M ESTEVEZ
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC365127
MY COMMISSION EXP. MAY 21,1098

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	ACCURATE WORKS MACHINE SHOP, CO.
	_	
2.	The name and address of the register	red agent and office is:
	RODOLFO BAR	RIOS (NAME)
	151 S.W. 96	Terrace
	(P.O. Box c	r Mail Drop Box NOT ACCEPTABLE)
	PEMBROKE PI	NES,FLORIDA 33025
		(CITI/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE)

(DATE)

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