

TRANSMITTAL LETTER

P95000073621

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

SUBJECT: ALL SCRAP SALVAGE MANAGEMENT CORP,  
(Proposed corporate name - must include suffix)

500001590555  
-09/21/95--01054--016  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed is an original and one (1) copy of the articles of incorporation and a check  
for :

☒ \$70.00    ☐ \$78.75    ☐ \$122.50    ☐ \$131.25

FROM: PAUL C. BURIK  
Name (printed or typed)  
2294 BRUNER LN  
Address  
FT. MYERS FLORIDA 33912  
City, State & Zip  
941-482-5722  
Daytime Telephone number

FILED  
95 SEP 21 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

# ARTICLES OF INCORPORATION

OF

FILED  
95 SEP 21 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

## ARTICLE I NAME

The name of the corporation shall be:

ALL SCRAP SALVAGE MANAGEMENT, CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2294 BRUNER LN  
FT. MYERS, FLORIDA 33912

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PAUL C. BURIK  
2294 BRUNER LN  
FT. MYERS, FLORIDA  
33912

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PAUL C. BURIK  
2294 BRUNER LN  
FT. MYERS, FLA,  
33912

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

19 day of SEPTEMBER, 19 1995



Signature

Signature

Signature

Articles of Incorporation  
Filing Fee - \$35

**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: \_\_\_\_\_

ALL SCRAP SALVAGE MANAGEMENT CORP.

2. The name and address of the registered agent and office is:

PAUL C. BURIK  
(Name)  
2294 BRUNER LN  
(P.O. Box NOT acceptable)  
FT. MYERS, FLORIDA 33912  
(City/State/Zip)

FILED  
95 SEP 21 PM 3:44  
TALLAHASSEE, FLORIDA

*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

Paul C. Burik

DATE

9/19/95

REGISTERED AGENT FILING FEE: \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314