

TRANSMITTAL LETTER

P 980000 53188

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

FILED
98 JUN 11 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:

COMPLETE METAL SYSTEMS INC.
(Proposed corporate name - must include suffix)

500002556735--0
-06/11/98--01062--012
*****78.75 *****78.75

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Edward McDonald
Name (Printed or typed)

8908 NW 20 MANOR
Address

CORAL SPRINGS FLORIDA 33071
City, State & Zip

(954) 755 4478
Daytime Telephone number

F. CHESSEY JUN 11 1998

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: COMPLETE METAL SYSTEMS INC.

ARTICLE II PRINCIPAL OFFICE

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

8908 NW 20 MANOR

ARTICLE III SHARES

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

500 SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

EDWARD D. McDONALD
8908 NW 20 MANOR
CORAL SPSS., FL 33071

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

EDWARD D. McDONALD
8908 NW 20 MANOR
CORAL SPSS., FL 33071
6/8/98



Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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