

PA000105084

MICHAEL ANGUELO  
3396 N W S RIVER DRIVE  
MIAMI, FL 33142

000003057480--0  
-12/01/99-01044-006  
\*\*\*\*122.50 \*\*\*\*78.75

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

RE: CHROMALLOY TURBINE SERVICE, INC

Enclosed is a check for \$ 122.50 together with two copies of the articles of incorporation  
of CHROMALLOY TURBINE SERVICE, INC

Please return a certified copy to the registered agent of the corporation:

MICHAEL ANGUELO  
3396 N W S RIVER DRIVE  
MIAMI, FL 33142

Thank you for your attention to this request.

Sincerely,



FILED  
99 DEC - 1 AM 7:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

CHROMALLOY TURBINE SERVICE, INC

The undersigned incorporators, for the purpose of forming a corporation under the Florida Corporation Act, Hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CHROMALLOY TURBINE SERVICE, INC

ARTICLE II PRINCIPAL OFFICE

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

3396 N W S RIVER DRIVE  
MIAMI, FL 33196

ARTICLE III CAPITAL STOCK

The number of Shares of Stock that this corporation is authorized to issue and have outstanding at any one time is:

10,000 (Ten Thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent and the initial office of the corporation is:

MICHAEL ANGUELO  
3396 N W S RIVER DRIVE  
MIAMI, FLORIDA 33196

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATORS


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

MICHAEL ANGUELO  
3396 N W S RIVER DRIVE  
MIAMI, FL 33196

The undersigned have executed these Articles of Incorporation this 29<sup>th</sup> Day of Nov.  
1999

  
\_\_\_\_\_  
Signature

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION OF REGISTERED AGENT

  
\_\_\_\_\_  
Signature

29<sup>th</sup> Nov. 1999  
\_\_\_\_\_  
Date

**FILED**  
99 DEC -1 AM 7:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA