

P24000048404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

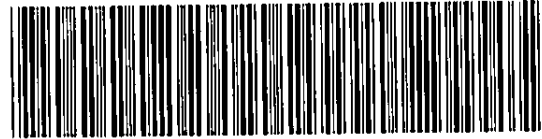
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ALLAHASSEE, FL

2024 JUL 28 AM 9:47

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ALLAHASSEE, FL

2024 JUL 23 PM 1:21

RECEIVED

COVER LETTER

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

SUBJECT: Production metals Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ ~~\$70.00~~ ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Alphonzo D. L. Harris
Name (Printed or typed)

702 Boston Ave Apt A
Address

Orlando FL 32805
City, State & Zip

407-393 0191
Daytime Telephone number

productionmetalsinc@gmail.com
E-mail address: (to be used for future annual report notification)

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

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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: production metals Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

702 Boston ave Apt A
Orlando FL 32805

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: add all business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS "D"

Name and Title: Alphonzo D.L. Harris Name and Title: _____

Address: 702 Boston ave Apt A Address: _____
Orlando FL 32805

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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STATE
FLORIDA/SSC/FL

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: Alphonzo D.L. Harris
Address: 702 Boston ave APT A
Orlando FL 32805

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alphonzo D L Harris
Address: 702 Boston ave APT A
Orlando, FL 32805

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CLERK OF COURT
JULIA M. SCHEFF, FL

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 days prior or 90 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

Am Harris

Required Signature/Registered Agent

7/23/24
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.

Am Harris

Required Signature/Incorporator

7/23/24
Date