

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**ARTICLES OF INCORPORATION
FOR-PROFIT or PROFESSIONAL CORPORATION**

Read the Instructions C010i

1. **ENTITY TYPE** - check only one to indicate the type of entity being formed:

FOR-PROFIT (BUSINESS) CORPORATION PROFESSIONAL CORPORATION

2. **ENTITY NAME** - see Instructions C010i for naming requirements - give the exact name of the corporation:

Prime Steel Structures Inc

3. **PROFESSIONAL CORPORATION SERVICES** - if professional corporation is checked in number 1, briefly describe the professional service or services that the professional corporation will provide (examples: law firm, accounting, medical):

4. **CHARACTER OF BUSINESS** - briefly describe the character of business the corporation initially intends to conduct in Arizona. **NOTE** that the character of business that the corporation ultimately conducts is not limited by the description provided.

Prefabricated Steel Building installation

5. **SHARES** - see Instructions C010i - list the class (common, preferred, etc.) and total number of shares of each class that the corporation is **AUTHORIZED** to issue - the total must be greater than zero. If more space is needed, check this box and complete and attach the Shares Authorized Attachment form C087.

Class: COMMON Series: _____ Total: 100.

Class: _____ Series: _____ Total: _____

6. **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:**

6.1 Is the Arizona known place of business address the same as the **street address** of the statutory agent? Yes - go to number 7 and continue

No - go to number 6.2 and continue

6.2 If you answered "No" to number 6.1, give the **physical or street address** (not a P.O. Box) of the known place of business of the corporation in Arizona:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

7. DIRECTORS - list the **name and business address** of each and every Direct corporation. If more space is needed, check this box and complete and attach the Director Attachment form C082.

Name Oscar M. Quinonez			Name		
Address 1 4741 Blue Diamond St			Address 1		
Address 2 (optional)			Address 2 (optional)		
City Kissimmee	State or Province FL	Zip 31716	City	State or Province	Zip
Country			Country		
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		

8. STATUTORY AGENT - see Instructions C010i:

8.1 REQUIRED - give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:		8.2 OPTIONAL - mailing address in Arizona of statutory agent (can be a P.O. Box):	
Statutory Agent Name (required) Oscar M. Quinonez Peña		Attention (optional)	
Address 1 7902 N 99th Ave		Address 1	
Address 2 (optional)	City Glendale	State AZ	Zip 85305
8.3 REQUIRED - the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with these Articles of Incorporation.		City	

