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FLORIDA PROFIT/NON PROFIT CORPORATION ENERGY SAVVY CONSULTING CORP

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4/20/24

COVER LETTER

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

SUBJECT: ENERGY SAVVY CONSULTING CORP.				
(PROPOSED CORPORATE NAME - MUST INCI	.UDE SUFFIX)			
Enclosed are an original and one (1) copy of the articles of incorporation an	d a check for:			
● \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status □ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED			
FROM: TAX CARE CELEBRATION Name (Printed or typed)				
1400 NW 107TH AVE STE 203				
Address				
11401 NW 12th Street, Ste 472, Miami, Florida 33172 City, State & Zip				
561-873-5007 Daytime Telephone number				
Daytime receptione number	-1.0			
jessica.torres@taxcareinc.com				
E-mail address: (to be used for future annual report				

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporat	tion shall bc: ENERGY SAVVY CONS	ULTING CORP.	·	
ARTICLE II PRINCIPAL OFFICE Principal street address 849 CYPRESS PKWY, STE 201 KISSIMMEE, FLORIDA 34759			Mailing address, if different is: 846 CYPRESS PKWY, STE 201	
		KISSIMMEE, I	KISSIMMEE, FLORIDA 34759	
ARTICLE III PURPO The purpose for which the	XSE he corporation is organized is:			
	IY LAWFUL ACTIVITY FOR WHICH			
IN THE STATE O	F FLORIDA.			
			-1-0	
ARTICLE IV SHARE The number of shares of	<u>ES</u> slock is: 100		CRET I	
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		A STATE OF THE STA	
Name and Title	Jorge Mario Suarez Duque, Pres.	Name and Title:		
Address	4009 Golden Finch Way		· · · · · · · · · · · · · · · · · · ·	
	Kissimmee, Florida 34746	<u> </u>	·	
			···	
Name and Title:		Name and Title:		
Address				
Name and Title:		Name and Title:		
Address		Address:		

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
			
	REGISTERED AGENT		
	Torida street address (P.O. Box NOT acceptable YULITZA M AGUIRRE) of the registered agent is:	
Name:			
Address:	7800 SAND LAKE RD. STE 208		
	Orlando, Florida 32819		
ARTICI E VII	INCORPORATOR		
,			
	ddress of the Incorporator is: Jorge Mario Suarez Duque		
Name:			
Address:	4009 Golden Finch Way		
	Kissimmee, Florida 34746	<u></u>	
Effective date, if (If an effective filing.) Note: If the date	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and can e inserted in this block does not meet the applica effective date on the Department of State's recor	nnot be more than five days prio ble statutory filing requirements, the	•
	med as registered agent to accept service of proces familiar with and accept the appointment as regis		
	Gulitza M. Aguirre Registered Signature Registered Agent		04/29/2024
	Required Signature Registered Agent		Date
	cument and affirm that the facts stated herein of Department of State constitutes a third degree fe		
	Jose Mario Suarez Duque		04/29/2024
Required Signat	ure/Incorporator	Date	FILL STORET
			AH DO TO