

P21000051550

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000219619 3)))



H210002196193ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MGB ELECTRICAL CONTRACTOR INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2021 JUN -2 PM 14: 39
21 JUN -2 PM 12: 43
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

MGB Electrical Contractor INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

11752 SW 173 Terrace Miami, FL 33177

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Maikel Garcia Boeney - President

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Maikel Garcia Boeney

11752 SW 173 Terrace

Miami, FL 33177

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Maikel Garcia Boeney

11752 SW 173 Terrace

Miami, FL 33177


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

21 JUN -2 PM 12:43

FILED


Required Signatures:

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



Registered Agent 06/01/21
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.



Incorporator 06/01/21
Date

FILED
21 JUN -2 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA