

**P9999/08559**  
TRANSMITTAL LETTER

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

900003470429--7  
-11/20/00-01097-013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Northern Electrical Contractor, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Grace E. Arbelo  
Name (Printed or typed)

859 Loggerhead Island Drive  
Address

Satellite Beach, FL 32937  
City, State & Zip

(305) 796-6594  
Daytime Telephone number

FILED  
00 NOV 20 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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

@

11-21  
KCC

# 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:

Northern Electrical Contractor, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

859 Loggerhead Island Drive

Sateelite Ach, Fl. 32937

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Electrical Contracting

## ARTICLE IV SHARES

The number of shares of stock is:

500 shares

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Grace E. Arbelo

101 S.W. 129 Ave.  
Miami, FL. 33184

President

Grace E. Arbelo

Secretary

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Grace E. Arbelo

101 S.W. 129 Ave.  
Miami, FL. 33184

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Grace E. Arbelo

101 S.W. 129 Ave.  
Miami, FL. 33184

\*\*\*\*\*  
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

*Grace E. Arbelo*

Signature/Registered Agent

Date

*Grace E. Arbelo*

Signature/Incorporator

Date

FILED  
00 NOV 20 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA