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TRANSMITTAL LETTER

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

SUBJECT:	CONTROLS SYSTEMS (Proposed corporate name		C
	original and one (1) copy of the	-	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 CO	DPY REQUIRED
FROM:		RAMON REYES me (Printed or typed)	
	<u></u>	5035 PALM AVE.	
		Address HIALEAH, FL, 3301	•
		City, State & Zip	
		(305) 822-0669	
	Da	ytime Telephone number	

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CONTROLS SYSTEMS CONTRACTING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7400 SW 1ST ST. MIAMI, FL. 33144

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000 Common Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

HECTOR E. DE LA FUENTE 7400 SW 1ST ST. MIAMI, FL. 33144

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PRESIDENT:

HECTOR E. DE LA FUENTE

7400 SW 1ST ST.

MIAMI, FL. 33144

VICE-PRESIDENT/

RITA A. SERVILLA

7400 SW 1ST ST.

SECRETARY: MIAMI, FL.33144

Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature Registered Agent Date