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(Re	equestor's Name)	
(Ac	idress)	<u> </u>
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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TRANSMITTAL LETTER

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

Tallahassee, FL 323	314			
SUBJECT:		ctric,	Inc	
 -	(PROPOSED CORPORA	TE NAME - <u>MUST/INCL</u>	UDE SUFFIX)	
Englaced are an aria	inal and ana (1) came afthe art	isles of incomparation and	a charle for	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	ra check for.	
\$70.00	\$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
_	& Certificate of Status	& Certified Copy	Certified Copy	
		1	& Certificate of	
		ADDITIONAL CO	Status Profunction	
		ADDITIONAL CO	PY REQUIRED	
	_			
FROM:/	Ronnold Pouc	hie-Connu	or	
11137 Lakeside Vista Dr				
Address				
Biverview FL 33569				
813-141-4000				
Daytime Telephone number				

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	ED
ARTICLE I NAME The name of the corporation shall be:	05 JUL 25 AM 9: 32
JoH Electric Inc	TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is: 11/37 Lakesi ale Vista I)	
Riverview, FL 33569	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Electrical work	
ARTICLE IV SHARES The number of shares of stock is:	
1000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
Ronnold Pouchie-Connor, President	
11137 Lakeside Vista Dr	
River view FL 33569	
ARTICLE VI REGISTERED AGENT	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered	d agent is:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered	d agent is:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered	d agent is:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered	d agent is:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered Brandy Pouchie 1437 Lakeside Vista Dr Kiverview FL 33569 ARTICLE VII INCORPORATOR	d agent is:
The name and Florida street address (P.O. Box NOT acceptable) of the registered Brandy Pouchie H37 Lakeside Vista Dr Kiveview FL 33569 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	d agent is:
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The name and Florida street address (P.O. Box NOT acceptable) of the registered Brandy Pouchie 1437 Lakeside Vista Dr Kiverview FL 33569 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: 13919 Patnfinder Dr	d agent is:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered Brandy Pouchie 1437 Lakeside Vista Dr Kiverview FL 33569 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: 13919 Pathfinder Dr Tampa FL 33625	
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ARTICLES OF INCORPORATION