71100007321

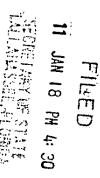
(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phoni	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		·		

Office Use Only



900190006959

01/18/11--01066--029 **70.00



P-5 1/24/11

COVER LETTER

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

SUBJECT: Phillips Electric Machinery Co., Inc.				
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROM: Kris Delano	(Printed or typed)			
P.O. Box 55756				
Address				
St. Petersburg, FL 33732-5756 City, State & Zip				
City, State & Zip				
727-894-5422 Daytime Te	elephone number			
gkdelano@lawstpete.con E-mail address: (to be used	n for future annual report notification)			

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)

The name of the corpo	AME oration shall be: PHILLIPS ELECTR	RIC MACHINERY CO.	, INC.	
263	RINCIPAL OFFICE Principal street address 32 Beach Blvd South Ifport, FL 33707	4905 34th Street	ress, if different is: South #332 L 33711	
This corporation	TRPOSE th the corporation is organized is: n may engage in any activity or bus ne State of Florida.	siness permitted under	the laws of the United	
The number of shares ARTICLE V II	HARES of stock is: 1,000 shares of common s	≀S	•	
Name and Title	::Robert E. Wilson	Name and Title: Presiden	t	
Address:	::Robert E. Wilson 2632 Beach Blvd South	Address:		
	Gulfport, FL 33707			
Name and Title	:	Name and Title:		
Address:		_ Address:		
•	·		\$77.33 <u></u>	
			ALI & 1 &	
			11-21 C	
Name and Title):	Name and Title:		
Address:		Address:	Marian Carlos	
			<u>≪</u>	
			THE STATE OF THE S	
			12 CA 12 U	
ARTICLE VI R	<u>EGISTERED AGENT</u>			
The name and Florid	la street address (P.O. Box NOT acceptable) o	f the registered agent is:	A STATE OF THE STA	
Name:	Robert E. Wilson		38	
Address:	2632 Beach Blvd South			
Addits.	Gulfport, FL 33707			
	Guilport, El 33707	-		
ARTICLE VII _ II	NCORPORATOR			
	ess of the Incorporator is:			
Name:	Robert E. Wilson			
Address:	2632 Beach Blvd South	_		
Address.	Gulfport, FL 33707			
	as registered agent to accept service of proces familiar with and accept the appointment as reg			
W.R	1)/_		01/12/201	
1411 C	Required Signature/Registered Agent		01/12/2011 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.				
1,,			,	
IUI (. W		01/12/2011 Date	
	Required Signature/Incorporator		/ Date	