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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer	1
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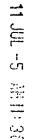
Office Use Only



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COVER LETTER

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

_{SUBJECT:} Phil Magill Electric, II	nc.
(PROPOSED CORPORA) Enclosed are an original and one (1) copy of the artic	TE NAME - MUST INCLUDE SUFFIX)
\$70.00 S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Phil Magill Name	(Printed or typed)
1052 Venture Ct	address
Punta Gorda, FL 339	83 State & Zip
941.268.8076 Daytime Te	elephone number
PhilMagillElectric@gr E-mail address: (to be used	mail.com 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 corp	poration shall be:Phil Mag	aill Elec	ctric. In	C-
ARTICLE II	PRINCIPAL OFFICE		•	. • •
10	Principal <u>street</u> address 152 Venture Ct.	Mailing	address, if different is:	
Pi.	unta Gorda, FL 33983		······································	
ARTICLE III P	TIPPASE			
	ich the corporation is organized is:			
To pe	erform electr	rical wo	ork in th	1e
state	of Florida.			
The number of share	s of stock is. 1			
ARTICLE V 1	NITIAL OFFICERS AND/OR DIRECTOR	rs.		
Name and Title	:Phil Magill, President	Name and Title:		
Address:	1052 Venture Ct. Punta Gorda, FL 33983	Addr e ss:		
Name and Title	e:	Name and Title:		
Address:				
Name and Title	ə:	Name and Title:		<u> </u>
Address:				
			W.So.	
	<u>PEGISTERED AGENT</u> da street address (P.O. Box NOT acceptable) of	P4k		
Name:	Phil Magili	une registered agent is:	Marie Carlos	-
Address:	1052 Venture Ct	-		क हिंद
	Punta Gorda, FL 33983	_	THE A	700
ARTICLE VII I	NCORPORATOR		- 44 - 44 - 44 - 44 - 44 - 44 - 44 - 4	
The name and addre	ess of the Incorporator is:		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	• •
Name:	Phil Magill	-		ယ ဏ
Address:	1052 Venture Ct Punta Gorda, FL 33983	- -		
Having been named this certificate, I am j	as registered agent to accept service of process familiar with and accept the appointment as reg	s for the above stated corp istered agent and agree to t	oration at the place design act in this capacity	gnated in
/)	2	-	6.14.11	
	Required Signature/Registered Agent		Date	
I submit this docume document to the Depa	ent and affirm that the facts stated herein are friment of State constitutes a third degree felony	true. I am aware that the as provided for in s.817.1.	e false information submi	itted in a
/) -				
	Required Signature/Incorporator		6.14.11 Date	