## P11000068706

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Eliki, Marie)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE

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## **COVER LETTER**

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

SUBJECT: Rex Electrical Solutions I	ncorporated TENAME-MUST INCLUDE SUFFIX)
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee  & Certified Copy  & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Nicholas Rex	e (Printed or typed)
1867 Keystone	
St. Cloud, FL 3L	State & Zip
321-624-22 62 Daytime T	elephone number
Massy 897320	d 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)

	poration shall be: Rex Electri	cal Johntions I	ncorporated	
ARTICLE II	PRINCIPAL OPFICE  Principal street address	M	Lailing address, if different is:	
	1867 Keystere Ave	1867	Keystone Ave	
_ 2	St. Cloud, F1 34772	57. C/o	ad JF1 34712	
ARTICLE III	PURPOSE			<u> </u>
The purpose for wh	nich the corporation is organized is: 70 and all lawful	stat as along	Lind Linear Tis	~
Ani	, and all law Full	57 or an eva	Tical positions #5	
1.17	) contain our just of oct	DM2111672	<b>≛</b> ₩	⊱
			<b>≥</b> ≥	 ר 2
				9
ADMICE IN	CITA DEC		1	₹ D
<b>ARTICLE IV</b> The number of share	es of stock is		15. S.	<b>3</b>
The Hallott of Mar.	STOT GROCK IS.			<del>हिं</del>
	INITIAL OFFICERS AND/OR DIR		)A	<u>ვ</u>
Name and Tit Address:	1e: Nicholas Rex - Presiden 1867 Keyston Ar	Name and Title: Address:		
Address.	St. Clard Fl 34772	Address		
	ar. 955, 11 31778			
N 1 m'	10: Heather Lanier-Rex-E	dar Sur		
Name and 110 Address:	1867 Keysone Ave	AE ([[Tive Name and Title:		<del></del>
Address.	St. Claud, FL 34772	-15365 (M. Addiess.	•	
				·····
Nama and Tit	le:	Name and Title:		
Address:		Address:		
<del></del>	REGISTERED AGENT		ē	
Name:	ida street address (P.O. Box NOT accep Nicholas Rec	nable) of the registered agent	15:	
Address:	1867 Keystone Ave			
	St. Clad P1 24772			
A DATE OF THE	NMORPO DAMOR			
	INCORPORATOR ress of the Incorporator is:			
Name:	Nicholas Rex			
Address:	Nicholas Kex 1867 Keystone Au St. Cloud, FL 34	<u>e                                     </u>		
	St. Goud, FL 34	172		
Having been name	d as registered agent to accept service o	f process for the above state	ed corporation at the place desi	onated in
	familiar with and accept the appointmen			8
N	. 10 12 12		-1 1	
Mu	holm K Hul			·· <del>-</del> ···
	Required Signature/Registered Ag	gent	Date	
I submit this docum	nent and affirm that the facts stated he	rein are true. I am aware t	hat the false information subm	iitted in a
	partment of State constitutes a third degr			
NI.	. 10 11		The last	
Michals	Required Signature/Incorporate		7/14/11	