P10009/39/

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
, (Cit	y/State/Zip/Prione	2 #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	•			

Office Use Only



300214083463

11/09/11--01007--008 **78.75

DIVISION OF CORPORATIONS

Ps 11/10/11

COVER LETTER

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

SUBJECT: Page One Electrical Inc	С.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Eugene McDowell Name	(Printed or typed)
6424 .N 49th St	
Tampa, FL 33610	Address State & Zip
813-3619128 Daytime To	elephone number
eugelectric aol.com E-mail address: (to be used	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)

ARTICLE I The name of the col	NAME Page One Electrical Inc.		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing :	address, if different is:
6	424 .N 49th St.		·
I	ampa,FL 33610		1
_			
	nich the corporation is organized is:		
Electrical wiri	ng		
ARTICLE IV The number of share	SHARES es of stock is:100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	3	
Name and Tit	lc:Eugene McDowell DPT	Name and Title:	
Address:	6424 n 49th st Tampa Fl 33610	Address:	
	•		
Nome and Tit	I	Managara di 2004 la s	
Address:	le:	Name and Title:	
Address:		Address:	
•		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
			
Name and Tit	le:	Name and Title:	
Address:			- </td
			Na Sun
			V NR
	•		- 9 7
	REGISTERED AGENT		RED STAILED CORPORATION OF AMILIA
	ida street address (P.O. Box NOT acceptable) of t	the registered agent is:	ORPO
Name:	Eugene McDowell		= 0,
Address:	6424_n49th st Tampa ,FL 33610_		STATE ORATIO
ADTIOL IN THE	DECORDOR A TOR	•	№ ₹
	INCORPORATOR		S
	ress of the Incorporator is:		
Name:	Eugene McDowell		
Address:	6424 N 49th St. Tampa, FL 33610		
	212 1 11 1001 22 1011 pa, 1 2 000 10		
Having been named this certificate, I am	l as registered agent to accept service of process j familiar with and accept the appointment as regis	for the above stated corportered agent and agree to a	oration at the place designated in act in this capacity
β	00 - 2 A . M		11/04/2011
$-\omega_{\lambda}$	Required Signature/Registered Agent		11/04/2011 Date

I submit this docum	ment and affirm that the facts stated herein are t	rue. I am aware that the	false information submitted in a
avcument to the Dep	partment of State constitutes a third degree felony	as provided for in s.817.1:	55, F.S.
\mathcal{O}	1/2 $1/2$		
tung	L'enous III		11/04/2011
VA Z	Required Signature/Incorporator		Data