

**Florida Department of State**  
**Division of Corporations**  
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**To:**

Division of Corporations  
 Fax Number : (850) 617-6381

**From:**

Account Name : BLANCO ACCOUNTING I, INC.  
 Account Number : I20100000060  
 Phone : (305) 828-1148  
 Fax Number : (305) 828-1709

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**UTILITIES PLUS INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Corporate Filing Menu

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J. Shivers OCT 09 2012  
 10/8/2012

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** UTILITIES PLUS INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
101 GRAND CANAL DRIVE APT B  
MIAMI FL 33144

Mailing address, if different is:  
101 GRAND CANAL DRIVE APT B  
MIAMI FL 33144

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>NELSON SANCHEZ PRESIDENT</u>	Name and Title: _____
Address: <u>101 GRAND CANAL DRIVE SUITE B</u>	Address: _____
<u>MIAMI FL 33144</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NELSON SANCHEZ  
Address: 101 GRAND CANAL DRIVE SUITE B  
MIAMI FL 33144

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: NELSON SANCHEZ  
Address: 101 GRAND CANAL DRIVE SUITE B  
MIAMI FL 33144

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

10/08/2012  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

10/08/2012  
\_\_\_\_\_  
Date

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