

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Onyroutorzipii Hollo II)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
•					
(Document Number)					
Certified Copies Certificates of Status					
Certifica copies					
Special Instructions to Filing Officer:					





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11/6



COVER LETTER

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

SUBJECT:J	JOHN KELLEY ELECTRIC CORPORATION			
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX	<u>₹</u>)		
Enclosed are an o	original and one (1) copy of the articles of incorporation and a check for	•		
S70.00 Filing Fed	*\$78.75 \$87.50 Example Exampl	d Copy ficate of		
FROM:	MICHAEL BENOIT Name (Printed or typed)	·		
	6446 WEST 127TH STREET			
-	Address			
	PALOS HEIGHTS, ILLINOIS 60463			
•	City, State & Zip			
-	(815) 690-0051			
	Daytime Telephone number			
_	Mike@JMKEC.com E-mail address: (to be used for future annual report notification)			
	E-man address. (to be used for future aimidal 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	NAME		
The name of the co	prporation shall be: JOHN KELLEY E	LECTRIC CORPORATI	ION
ARTICLE II	PRINCIPAL OFFICE		
• • • • • • • • • • • • • • • • • • • •	# 4 2 Principal street address	Mailing add	ress, if different is:
	435 CERROMAR LANE		
-	VENICE, FLORIDA 34293		
ARTICLE III			
- •	which the corporation is organized is:		
ALL LA	WFUL BUSINESS IN THE STAT	E OF FLORIDA	
ARTICLE IV The number of sha			
Name and T	INITIAL OFFICERS AND/OR DIRECTO itle: MICHAEL BENOIT - PRESI	<u>RS</u> DENome and Title:	
Name and 1 Address:	#427	Address:	
Audicss.	435 CERROMAR LANE		
	VENICE, FLORIDA 34293		
\. \.	,,		
Name and 1 Address:	itle: MICHAEL BENOIT	Name and Title:	
Audress.	SECRETARY/TREASURER 435 CERROMAR LANE, #42		
	VENICE, FLORIDA 34293	<i>J</i>	
Name and T	itle:	Name and Title:	
Address:	Tito.		
			<u> </u>
ARTICLE VI	REGISTERED AGENT		
		of the registered agent is:	** 5
Name:	orida street address (P.O. Box NOT acceptable) of MICHAEL BENOIT	ine registered agent is.	
Address:	435 CERROMAR LANE, #42		တို့ မိန
	VENICE, FLORIDA 34293	· <u>·</u>	me = 1/1
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		3.
Name:	MICHAEL BENOIT		5 2 5
Address:	6446 WEST 127TH STREET		i i
	PALOS HEIGHTS, ILLINOI	<u>s</u> 60463	<u>es</u> ; .5
Having been nam this certificate, La	ed as registered agent to accept service of proce in familiar with and accept the appointment as re	ss for the above stated corpora gistered agent and agree to act	tion at the place designated in in this capacity
			10/1/1
	Required Signature/Registered Agent		- /U/JG/IY
Tours de la company	•		/ Date /
I SUDMIT this docu document to the D	ment and affirm that the facts stated herein ar epartment of State constitutes_a third degree feloi	e true. I am aware that the fai	lse information submitted in a
Junion to the D	cp	ny us province for in 8.617.133,	r.a.
			10/24/11
	Required Signature/Incorporator		Date