

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000129265 3)))



H140001292653ABC/

| To: | | | | င်္သ |
|-------|------------------|----|---|----------------|
| | Division of Con | pq | orations | 70 |
| | Fax Number | : | (850) 617-6381 | = |
| | | | | |
| From: | | | | (Л |
| | Account Name | ; | EXPRESS CORPORATE FILING SERVICE | TIN |
| | Account Number | ; | 12000000146 | |
| | Phone | : | (305) 444-4994 | |
| | Fax Number | : | (305) 444-4977 | |
| | rt mailings. Ent | | business entity to be used for fu only one email address please.** | tur |

| Certificate of Status | 0 | |
|-----------------------|---------|--|
| Certified Copy | 1 | |
| Page Count | 03 | |
| Estimated Charge | \$79.75 | |

JUN -3 PH 2: 2

RESERVED

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

| The name of the corporat | E AMERICAN ELEC | TRONICS AND D | EVICES INC | _ | | |
|--|---|--------------------------|---|---|--|--|
| ARTICLE II PRU | Principal street address | | Mailing address, if different is: 12900 SW 149 ST | | | |
| MIAMI, FL 3 | | | FL 33186 | | | |
| ARTICLE III PURI The purpose for which the | POSE ne corporation is organized is: ANY | AND ALL LA | WFUL PURP | OSE | | |
| | · | | | erSIAIG 5 FS | | |
| | | <u> </u> | <u>≨</u> | TAN AND AND AND AND AND AND AND AND AND A | | |
| | | | Į. | SE C | | |
| | • | | <u>୍</u> ଥା | | | |
| | (P) RICHARD MACKENZIE 12900 SW 149 ST MIAMI, FL 33186 | | | | | |
| Name and Title: | | Name and Title: Address: | | | | |
| Name and Title: | | | | | | |
| CHEMANDD . | | | | | | |

(coan.)

| Name a | nd Title: | Name and Title: |
|--------------------------------------|---|---|
| Addres | s | Address: |
| | | |
| | | |
| ARTICLE VI | REGISTERED AGENT | |
| The name and H | lorida street address (P.O. Box NOT acceptable) | |
| Name: | RICHARD MACKENZIE | <u>.</u> |
| Address: | 12900 SW 149 ST | _ |
| | MIAMI, FL 33186 | |
| ARTICLE VII | INCORPORATOR | |
| The name and a | ddress of the Incorporator is: | |
| Name: | RICHARD MACKENZIE | _ |
| Address: | 12900 SW 149 ST | _ |
| | MIAMI, FL 33186 | - |
| Having been not this cartificate, I | am familiar with and accept the appointment deregiste | the above stated corporation at the place designated in red agent and agree to act in this capacity |
| <u> </u> | Required Signature/Registered Agent | Date |
| I submit this doc document to the | cumens and affirm that the facts stated herein are true Department of State constitutes a third degree felony as | e. I am aware that the false information submitted in a provided for its \$817.155, F.S. |
| | Required Signature/Incorporator | JON 2 /2014 |
| | wood me an antimistry of management | |