(Re	equestor's Name	e)
(Ad	Idress)	
(Ac	idress)	
(Cit	ty/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	ame)
(Do	ocument Numbe	r)
Certified Copies		es of Status
Special Instructions to		
Laur Street Street Laur	Office Use C	Only .

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TALLAHASSEE FECRIDA

## FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE

December 10, 2014

FRED BLAKESLEF 1904 HARTMAN RD. FORT PIERCE, FL 34947

SUBJECT: BLAKESLEE ELECRIC, INC.

Ref. Number: W14000073528

We have received your document for BLAKESLEE ELECRIC, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, vour business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain Regulatory Specialist II

Letter Number: 714A00026027

## **COVER LETTER**

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

SUBJECT:	BLAKE	SLEE	ELEC.	TRIC,	INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<b>■</b> \$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED

FRED BLAKESLEE
Name (Printed or typed)
1904 HARTMAN ROAD
Address
FORT PIERCE, FL 34947
City, State & Zip
772-466-6891
Daytime Telephone number
BLAKESLEEELECTRIC@AOL.COM

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

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

•	ion shall be: BLAKESLEE	, , , , , , , , , , , , , , , , , , , ,	<del></del>		
	VCIPAL OFFICE Principal <u>street</u> address AN ROAD	1	Mailing address, if diffe		
FORT PIERCI	E, FL 34947				
·					
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is:	INESS AS A LIC	ENSED ELECTRI	CAL CON	TRACTOF
•				TAS E	<del></del> \
		• •		<u> </u>	(A)
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				DA.	N
The number of shares of sh	TAL OFFICERS AND/OR DIRECTORS	S  Name and Title:	TROY GIOVENGO	)- VICE-PR	ESIDENT
Address	1904 HARTMAN ROAD	Address:	1904 HART	MAN F	ROAD
	FORT PIERCE, FL 34947				
			FORT PIERO	CE, FL	34947
• Name and Title:		Name and Title:			
Name and Title: Address					
Address		Address:			
Address		Address:			
Address		Address:  Name and Title:			

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	FRED BLAKESLEE	, c	
Address:	1904 HARTMAN ROAD		
	FORT PIERCE, FL 34947		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	FRED BLAKESLEE	_	
Address:	1904 HARTMAN ROAD	_	
	FORT PIERCE, FL 34947	<del>-</del>	
	m familiar with and accept the appointment as reg	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity	ı
Aud	Required Signature/Registered Agent	12(1)15	
	Required Signature/Registered Agent	Date	
	iment and affirm that the facts stated herein are i Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a ly as provided for in s.817.155, F.S.	!
And	Bl. Berly h.	13/1/15	
	Required Signature/Incorporator	Date )	