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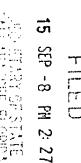
(Requestor's Name)				
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PICK-UP WAIT MAIL				
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(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

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

SUBJECT: NU GON E ECTRE AL CONTRACTOR, MC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and a	check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fcc & Certified Copy ADDITIONAL COP	& Certificate of Status		
FROM: CANUELO GONZALEZ Name (Printed or typed) 4124 Kivey D Address					
		ddress H. F. (3) State & Zip	346/_		
561723 &190 Daytime Telephone number					
E-mail address: (to be used for future annual report notification)					
NOTE: Please provide the original and one copy of the articles					

EFFECTIVE DATE 6 0 15

FILED 15 SEP -8 PH 2: 27

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

RTICLE II PRIN		
1124 Kil	Principal <u>street</u> address	Mailing address, if different is:
•	TH fl 33461	4124 Kivey Dr
IVED WO	2(1, 9 (// TV)	LAKE WORTH fl 330
RTICLE III PURI	POSE	
e purpose for which	the corporation is organized is:	lectrical work. Indus
onimerc	ial and Residen	cial Projects. Refac
indne	w Instalation.	
		a ^r
e number of shares of shar	of stock is:	
RTICLE V INIT	of stock is:	Z Name and Title:
e number of shares of shar	of stock is:	Name and Title:
RTICLE V INIT DINECT Name and Ti	of stock is: 1000 IAL OFFICERS AND/OR DIRECTORS OR CARME TO GOLIZATE 4124 L'UEY DY	Name and Title:Address:
RTICLE V INIT DINECT Name and Ti	IAL OFFICERS AND/OR DIRECTORS TORCHELO GOWANELO A124 KIVEY DO LAKE WORTH	Name and Title: Address:
RTICLE V INIT DINECT Name and Ti	of stock is: 1000 IAL OFFICERS AND/OR DIRECTORS OR CARME TO GOLIZATE 4124 L'UEY DY	Name and Title: Address:
RTICLE V INIT DINECT Name and Ti	IAL OFFICERS AND/OR DIRECTORS OR CARMELO GOLIZALE 4124 Livey Dr LAKE Worth f 33461	Name and Title: Address:
RTICLE V INIT DINGCT Name and Ti Address	IAL OFFICERS AND/OR DIRECTORS OR CARMELO GOLIZALE 4124 Livey Dr LAKE Worth f 33461	Name and Title: Address: Name and Title:
RTICLE V INIT DINFCI Name and Ti	IAL OFFICERS AND/OR DIRECTORS OR CARMELO GOLIZALE 4124 Livey Dr LAKE Worth f 33461	Name and Title: Address: Name and Title:
RTICLE V INIT DINFCI Name and Ti	IAL OFFICERS AND/OR DIRECTORS OR CARMELO GOLIZALE 4124 Livey Dr LAKE Worth f 33461	Name and Title: Address: Name and Title:
RTICLE V INIT DINFCI Name and Ti	IAL OFFICERS AND/OR DIRECTORS OR CARMELO GOLIZALE 4124 Livey Dr LAKE Worth f 33461	Name and Title: Address: Name and Title:
RTICLE V INIT DINFC1 Name and Ti Address Name and Tit Address	IAL OFFICERS AND/OR DIRECTORS OR CARMELO GOLIZALE 4124 Livey Dr LAKE Worth F 33461	Name and Title: Address: Name and Title:

Name and Title:	Name and Title:				
Address	Address:				
	management of the state of the				
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:				
Name: CABMELO GONZALEZ					
Address: A124 Kivey Dr	7-65 ज				
LAKE Worth fl 3346	/ SP T				
	# **				
ARTICLE VII INCORPORATOR	78 2 0				
The <u>name and address</u> of the Incorporator is:	74. 2				
Name: CANUELO GONZALE	727				
Address: 4124 KIVEY DV					
CAKE Worth fla	3461				
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 10/01/2015 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)					
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.					
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					
	9/2/2015				
Required Signature/Registered Agent	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.					
£ + 1	9/2/2015				
Required Signature/Incorporator	Date				