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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

df 9/17/15

## COVER LETTER

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

SUBJECT: NU GON ELECTRICAL CONTRACTOR, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

CARMELO GONZALEZ

Name (Printed or typed)

4124 KIVEY DR

Address

LAKE WORTH FL 33461

City, State & Zip

561 723 8190

Daytime Telephone number

C.GONZALEZ@Yahoo.com

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

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

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

15 SEP -8 PM 2:27

FILED

EFFECTIVE DATE 10/01/15

FILED

15 SEP -8 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: NUGON ELECTRICAL CONTRACTOR, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4124 Kivey Dr  
LAKE WORTH FL 33461

4124 Kivey Dr  
LAKE WORTH FL 33461

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Electrical work. Industrial;  
Commercial and Residential Projects. Repair  
and new installation.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

DIRECTOR

Name and Title: CARMELO GONZALEZ Name and Title: \_\_\_\_\_

Address 4124 Kivey Dr Address: \_\_\_\_\_

LAKE WORTH FL  
33461

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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: CARMELO GONZALEZ

Address: 4124 KIVEY DR  
LAKE WORTH FL 33461

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CARMELO GONZALEZ

Address: 4124 KIVEY DR  
LAKE WORTH FL 33461

**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*

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

9/2/2015  
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

9/2/2015  
Date

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TALLAHASSEE, FLORIDA