

07/27/20

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : KRISJOENNA SERVICES, INC.
Account Number : I20080000033
Phone : (305) 644-3055
Fax Number : (305) 644-3052

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Kjeservices@yahoo.com

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16 MAR 24 AM 9:17

FLORIDA PROFIT/NON PROFIT CORPORATION
A.S.A ELECTRICAL, CORP

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Certified Copy	0
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COVER LETTER

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New Filing Section
Division of Corporations
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 24 AM 9:17

SUBJECT: A.S.A ELECTRICAL CORP

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: SAMUEL ALFARO

Name (Printed or typed)

22721 SW 88 PL # 8

Address

CUTLER BAY, FL 33190

City, State & Zip

7045266814

Daytime Telephone number

KJESERVICES@YAHOO.COM

E-mail address: (to be used for future annual 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 NAMEThe name of the corporation shall be: A.S.A. ELECTRICAL CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

22721 SW 88 PL UNIT 8CUTLER BAY, FL 33190**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SAMUEL ALFARO PRESIDENT

Name and Title: _____

Address 22721 SW 88 PL # 8

Address: _____

CUTLER BAY, FL 33190Name and Title: PRISCILA SAMPAYO

Name and Title: _____

Address VICE PRESIDENT

Address: _____

13931 SW 171 STMIAMI, FL 33177

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: SAMUEL ALFARO

Address: 22721 SW 88 PL # 8

CUTLER BAY, FL 33190

 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 16 MAR 24 AM 9:17
ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: SAMUEL ALFARO

Address: 22771 SW 88 FL # 8

CUTLER BAY, FL 33190

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 03/23/2016 (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*

Samuel Alfaro

Required Signature/Registered Agent

03/23/2016

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.

Samuel Alfaro

Required Signature/Incorporator

03/23/2016

Date