

P170000007190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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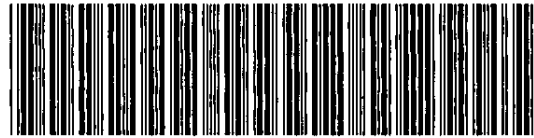
(Business Entity Name)

(Document Number)

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17 JAN 24 AM 10:26  
CLERK OF STATE  
TALLAHASSEE FLORIDA

na 1/25/17

## COVER LETTER

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

**SUBJECT:** ELECTRICAL MECHANICAL SPECIALISTS, 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: ARCHIE CONN  
Name (Printed or typed)  
  
2999 N STRATHAM PT  
Address  
  
HERNANDO, FL 34442  
City, State & Zip  
  
918-822-3349  
Daytime Telephone number  
  
DEBBIE.HOUGH@ELECMECHSPEC.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 NAME**

The name of the corporation shall be: ELECTRICAL MECHANICAL SPECIALISTS, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2999 N STRATHAM PT

HERNANDO, FL 34442

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH  
CORPORATIONS MAY BE ORGANIZED UNDER THE GENERAL CORPORATE LAW OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: ARCHIE CONN

Address 2999 N STRATHAM PT

HERNANDO, FL 34442

OFFICER/PRESIDENT

Name and Title: DEBBIE HOUGH DIRECTOR

Address: 4701 RIDGE ST

TAHLEQUAH, OK 74464-5645

DIRECTOR ONLY

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

17 JAN 24 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: ARCHIE CONN  
Address: 2999 N STRATHAM PT  
HERNANDO, FL 34442

17 JAN 24 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: KIM HOOD  
Address: PO BOX 951  
SALINA, OK 74365

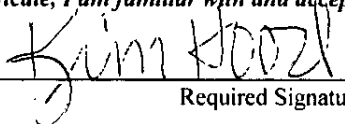
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: JANUARY 1, 2017 (OPTIONAL)

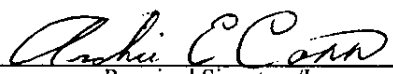
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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  
01/18/2017  
\_\_\_\_\_  
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  
01/18/2017  
\_\_\_\_\_  
Date