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P17000014483

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ELECT'OTEL CORP**

Certificate of Status	0
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Corporate Filing Menu

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17 FEB 15 AM 9:59

17 FEB 15 PM 12:22

2/14/17



February 15, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUMBERG

SUBJECT: ELECT'OTEL CORP
REF: W17000013173

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H17000042496
Letter Number: 217A00002990

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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: Elect'otel Corp.

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address
3301 NE 183rd Street Unit 605
Aventura FL 33160

Mailing address, if different is:
3301 NE 183rd Street Unit 605
Aventura FL 33160

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.

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Dean David Noyman /President</u>	Name and Title:	_____
Address	<u>3301 NE 183rd Street Unit 605</u>	Address:	_____
	<u>Aventura FL 33160</u>		_____
	_____		_____

Name and Title:	<u>Baruch Zefadia/ Vice President</u>	Name and Title:	_____
Address	<u>3301 NE 183rd Street Unit 605</u>	Address:	_____
	<u>Aventura FL 33160</u>		_____
	_____		_____

Name and Title:	<u>Gal Noyman/ Secretary</u>	Name and Title:	_____
Address	<u>3301 NE 183rd Street Unit 605</u>	Address:	_____
	<u>Aventura FL 33160</u>		_____
	_____		_____

17 FEB 15 AM 9:59
STATE
FLORIDA
COUNTY OF DADE

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: Dean David Noyman
Address: 3301 NE 183rd Street Unit 605
Aventura FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dean David Noyman
Address: 3301 NE 183rd Street Unit 605
Aventura FL 33160

17 FEB 15 AM 9:59
STATE
TALLAHASSEE FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to 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.

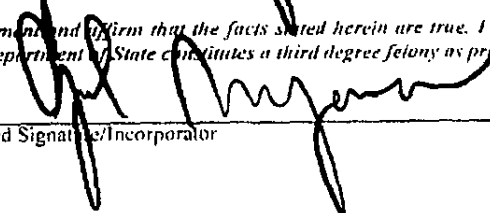
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

02-12-17
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

02-12-17
Date