For Land State Sta

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(((H17000198266 3)))



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To:		
	Division of Cor	rporations
	Fax Number	: (850)617-6381
From:		
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.
	Account Number	: 120000000019
	Phone	: (305)552-5973
	Fax Number	: (305)675-5944
		s for this business entity to be used for future ngs. Enter only one email address please.**

FLORIDA PROFIT/NON PROFIT CORPORATION

M & M ELECTRIC OF SOUTHWEST FLORIDA, INC

Certificate of Status

 Certificate of Status
 0

 Certified Copy
 1

 Page Count
 04

 Estimated Charge
 \$78.75

JUL 28 AM II: 24

RECEIVED

17 JUL 28 PM 4: 38

18 JUREAU OF COMMERCIAL

INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

H17000193266

Florida Department of State

Attention: New Filing Section

To whom it may concern:

. .

This is to advise you that the owners of MMM Electric of Southwest of Doc # PNO 000014932 are the same owners if the attached articles of the company. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

<u>asvaldo Mervolez</u> Enriquez

17 JUL 28 MH II: 24 新達音語音音ME

IH117000198265

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

ARTICLE I NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:		
3010 52 ND ST W LEHIGII ACRES, FI	. 33971	LEHIGH ACRES, PL 33971		
			·	
ARTICLE III PUR The purpose for which	POSE ELECTRIC the corporation is organized is:	SERVICES	· · · · · · · · · · · · · · · · · · ·	
				7
			, ch	
			2.1	. යා
ARTICLE IV SHA	1 <i>RB\$</i> 100 of stock is:		FLORIDA	MIII: 24
		•		
ARTICLE I' INI	TIAL OFFICERS AND/OR DIRECTORS OSVALDO MENDEZ ENRIQUEZ	YA	NBYSI GUBRRA G	
Nemo ned 1	TIAL OFFICERS AND/OR DIRECTORS TITLE: PRESIDENT	Name and Tille: VIC		
ARTICLE I' INT Name and T	ide: OSVALDO MENDEZ ENRIQUEZ	Name and Tille:	NBYSI GUBRRA G	
Nemo ned 1	itle: OSVALDO MENDEZ ENRIQUEZ PRESIDENT	Name and Tille: VIC Address: 301	NEYSI GUERRA G	ONZALEZ
Namo nad 1	PRESIDENT 3010 52ND ST W LHILIGH ACRUS, FL 33971	Name and Tille: VIC Address: 301	NEYSI GUERRA G PRESIDENT 0 52ND ST W HIGH ACRES, IT. 3	ONZALEZ
Namo nad 1	itle: OSVALDO MENDEZ ENRIQUEZ PRESIDENT 3010 52ND ST W	Name and Title:	NEYSI GUERRA G PRESIDENT 0 52ND ST W HIGH ACRES, IT. 3	ONZALEZ
Name and T	itle: OSVALDO MENDEZ ENRIQUEZ PRESIDENT 3010 52ND ST W LHILIGH ACRUS, FL 33971	Name and Title:	NEYSI GUERRA G PRESIDENT 0 52ND ST W HIGH ACRES, IT. 3	ONZALEZ
Name and T Address Name and T Address	itle: OSVALDO MENDEZ ENRIQUEZ PRESIDENT 3010 52ND ST W LHIUGH ACRUS, FL 33971 itle:	Name and Title:	NEYSI GUERRA G	ONZALEZ
Name and T Address Name and T Address	itle: OSVALDO MENDEZ ENRIQUEZ PRESIDENT 3010 52ND ST W LHILIGH ACRUS, FL 33971 itle:	Name and Title: Address: Name and Title: Name and Title: Name and Title:	NEYSI GUERRA G	ONZALEZ
Name and T Address Name and T Address	itle: OSVALDO MENDEZ ENRIQUEZ PRESIDENT 3010 52ND ST W LHIUGH ACRUS, FL 33971 itle:	Name and Title: Address: Name and Title: Name and Title: Name and Title:	NEYSI GUERRA G	ONZALEZ

Name and Title:		Name and Title:		
A (kil resa		Address:		
	<u> </u>		<u> </u>	
	•			
ARTICLE VI_	REGISTERED AGENT			
The name and	Florida street address (P.O. Box NOT acceptabl	e) of the registered aftern is:	- 4-	
Nome:	OSVALDO MENDEZ ENRIQUEZ		1	
Address:	3010 52ND ST W		*	
	LEHIGH ACRES, FL 33971		. 28	
ARTICLE VII INCORPORATOR		·	AM II: 24 STATE	
The pame and	address of the Incorporator is:		SZ <u>T</u>	
Name:	osvaldo mendez enriquez		1.E 1.E 1.00A	
Address:	3010 52ND ST W			
	LEHIGH ACRES, FL 33971		•	
	# BFFECTIVE DATE: if other than the date of filing:	. (OPTIONAL	.) 	
(If an effective	of other than the date of thing:	annot be more than five days p	irier or 90 days after the	
Note: If the d	ate inserted in this block does not meet the applicate effective date on the Department of State's received.	eablo statutory Ming requirement ords.	is, this date will not be listed as	
Having been i this certificate,	named agregitared agent to accept vervice of pa I am fabilitar with and accept the appointment	ocess for the above stated corpo us registered agent and agree to	ration at the place designated in act in this capacity	
•	(HINKS		07/28/2017	
Required Signature/Registered Agent			Date	
I submit this a	documers and affirm that the facts stated herein the Department of State constitutes a third degree	e are true. I am aware that the felony as provided for in s.817.1	falsø information submitted in a 135, F.S.	
			07/28/2017	
R	quired Signature/Incorporator		Date	