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To:

**Division of Corporations** 

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

## FLORIDA PROFIT/NON PROFIT CORPORATION SPLICE ELECTRICAL SERVICES, INC.

Certificate of Status	0
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Estimated Charge	\$78.75

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Corporate Filing Menu

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AUG 3 0 2017

T. SCOTT

In compliance with Chapter 607 (Profit) H 17000232898
ARTICLE I NAME: The name of the corporation is:
Splice Electrical Services, Inc.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:  _6325 SW 138 th CT
Unit #3
Miami, F.L 33183
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
President: Ernesto Martell JR
9. A. C.
20 m
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is
6325 SW 138th CT / Ernesto Martell JR
<u>Unit #3</u>
Miami, F.L 33183
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Ernesto Martell JR
_ 6325 SW 138th CT Unit #3
Miami, F.L. 33183

H17000232898

## Required Signatures:

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

Registered Agent 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.

Ernesto Martell JR
Incorporator Date