P1800002749

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Elp/1 Notic #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

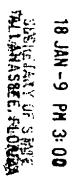
Office Use Only

N. SAMS JAN 1 0 2018



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COVER LETTER

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

SUBJECT: DESIGN	ELECTRICAL CONSULTING SI	ERVICES, INC.	
SOBJECT:	(PROPOSED CORPOR/	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
		عمين ب	1 44 (400-4) 19 24
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
■ \$70.00	\$78.75	\$78.75	\$87.50
	_ * .		·
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	= = =
			& Certificate o
			Status
		ADDITIONAL CO	PPY REQUIRED
			т
ĮF.	FERY CURTIS		
FROM:			
	Nam	e (Printed or typed)	
341.	5 OVERLAND DRIVE		
		Address	
		Address	
НО	LIDAY, FL 34691		"
		C 9 7	
	City	, State & Zip	
727	-226-2601		1 1
		Г. 1 h	
	Daytime	Telephone number	1
JEF	F@DESIGNELECTRICALSERVIO	CES.COM	
 -	E-mail address: (to be use	d 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)

- 01 mm - 1110 mm 1110	l <u>street</u> address	Mailing	Mailing address, if different is:		
LIDAY, FL 34691					
TICLE III PURPOSE	 				
	ration is organized is: DESIGN AND PROJECT MA				
Detrient Bollowithes.					
			18		
			JAN		
TICLE IV SHARES	10,000		ASME.		
TICLE V <u>INITIAL OFFI</u>	CERS AND/OR DIRECTORS				
	EY CURTIS PRESIDENT	Name and Title:	 		
Address	VERLAND DRIVE	Address:	!		
HOLID	AY, FL 34691				
Name and Title:		Name and Title:			
			1		
Name and Title:		Name and Title:	1		
Address		Address:			
Addiess			•		

Name a	and Title:	Name and Title:	
Addre	ss	Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	thle) of the registered agent is:	
Name:	JEFFERY CURTIS	or the regional agent to	
Address:	3415 OVERLAND DRIVE		
ridareds.	HOLIDAY, FL 34691		
ARTICLE VII	INCORPORATOR		
The <u>name and</u>	address of the Incorporator is:	·	
Name:	JEFFREY CURTIS		
Address:	3415 OVERLAND DRIVE		
	HOLIDAY, FL 34691		
ARTICLE VIII Effective date.	I EFFECTIVE DATE: if other than the date of filing:	. (OPTIONAL)	
(If an effective filing.)	date is listed, the date must be specific and	cannot be more than five days prior or 90 days after the	
	te inserted in this block does not meet the appl effective date on the Department of State's rec	icable statutory filing requirements, this date will not be listereds.	ed as
Having been no this certificate	amed as registered agent to accept service of p I am familiar with and accept the appointment	process for the above stated corporation at the place design t as registered agent and agree to act in this capacity	ated in
	Ale	1-1-18 Date	
	Required Signature/Registered Ages		
	ocument and affirm that the facts stated here e Dankriment of State constitutes a third degree	in are true. I am aware that the false information submitte e felony as provided for in s.817.155, F.S.	
///		1-1-1 Date	૯
Ref	ured/Signature/Incorporator	Date	
/////			