

P18 000 024 647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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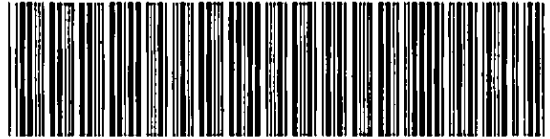
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 MAR -8 AM 6:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. O'KEEFE

MAR 16 2018

## COVER LETTER

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

SUBJECT: Electro Electronics, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Ozias T. Strickland  
Name (Printed or typed)

12220 S.W. 64th lane  
Address

Ocala, FL 34481  
City, State & Zip

352-355-9656  
Daytime Telephone number

ElectroInc@gmail.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: Electro Electronics, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4271 N.W 21st Ave Suite B  
Ocala, FL 34475

N/A

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For all legal purposes that  
can be performed by law under the above corporation.  
and to be in the business of buying, selling, and leasing  
electronics.

**ARTICLE IV SHARES**

The number of shares of stock is: 5,000 shares at par value

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

Name and Title: Ozias T. Strickland - President Name and Title: \_\_\_\_\_

Address 623 N.W 10th Ave Address: \_\_\_\_\_

Ocala, FL 34475

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

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

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

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

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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: Ozias T. Strickland  
Address: 623 N.W. 10th Ave  
Ocala, FL 34475

**ARTICLE VII INCORPORATOR**

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

Name: Ozias T. Strickland  
Address: 623 N.W. 10th Ave  
Ocala, FL 34475

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 3-6-18 (OPTIONAL)

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

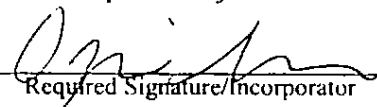
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

3-6-18  
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

3-6-18  
Date