P18820 30832

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	
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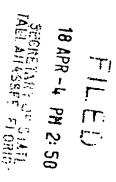
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1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Email: filing@ecfsfiling.com

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CORPORATION NAME(S) &	. DOCUMENT NUMBERS(S):
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1.	Melian	Electr	iC	CORP.		
	(CORPORATE NAME)			(DOCUMENT #)	
2.	(CORPORATE NAME)			(DOCUMENT #)	_
2	(com onwe water			·	,	
3.	(CORPORATE NAME)		_,	(DOCUMENT #)	
	Walk-In Pick	up time:	Certifi	ied Copy 🔲 Certific	cate Of Status	

	New Filings		
7	Profit		
	Non-Profit		
	Limited Liability		
	Other:		

Amendments		
	Amendments	
	Resignation	
	Dissolution/Withdrawal	
	Other:	

Other Filings			
	Annual Report		
•	Fictitious Name		
	18 APR APR APR		
	Other -		
	PM 2: 50		

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

<u>icle II — Pri:</u>	Principal <u>street</u> address	Mailing	address, if different is:
2 NW 3RD STRI	EET SUITE I		
IMI, FL 33125			
TICLE III PUR purpose for whic	POSE h the corporation is organized is:	NSACT ANY AND ÅLL LA	WFULL BUSINESS
	·····	,	
	······		
			
TICLE IV SHA	IRES of stock is: 200 SHARES @ \$1.00 PAR V		
TICLE IV SHA	OSE M. MELLAND D.		
TICLE IV SHA	IRES of stock is: 200 SHARES @ \$1.00 PAR V	ALUE	
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TICLE IV SHA e number of shares TICLE V INIT Name and T Address Name and Ti	of stock is: 200 SHARES @ \$1.00 PAR VA TIAL OFFICERS AND/OR DIRECTORS Itle: JOSE M. MELIAN P.D. 1232 NW 3RD STREET SUITE 1 MAIMI, FL 33125 tle: tle:	ALUE Name and Title: Address: Name and Title: Address:	18 APR -4 SECRETAGE TAIL AHASSE
e number of shares RTICLE V INTO Name and T Address Name and Ti Address	of stock is: 200 SHARES @ \$1.00 PAR VA FIAL OFFICERS AND/OR DIRECTORS itle: JOSE M. MELIAN P.D. 1232 NW 3RD STREET SUITE 1 MAIMI, FL 33125 tle: tle:	ALUE Name and Title: Address: Name and Title: Address:	18 APR -4 PH 2:51 SECRETARY SEE THORIT

Name and Title:		Name and Title:	
Addres	SSS	Address:	
			
ARTICLE VI	REGISTERED AGENT		
The <u>name and</u>	Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	JOSE M. MELIAN		
Address:	1232 NW 3RD STREET SUITE I	 -	
	MIAMI, FL 33125		
		PR T	
<u>ARTICLE VII</u>	INCORPORATOR		
The name and a	address of the Incorporator is:		
Name:	JOSE M. MELIAN	18 APR-L PH 2:51	
Address:	1232 NW 3RD STREET SUITE I	— <u> </u>	
	MIAMI, FL 33125		
Effective date, i	** EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific and ca	. (OPTIONAL) nnot be more than five days prior or 90 days after the	
	te inserted in this block does not meet the applica effective date on the Department of State's recor	ble statutory filing requirements, this date will not be listed as ds.	
		cess for the above stated corporation at the place designated in sregistered agent and agree to act in this capacity	
	Required Signature/Registered Agent		
I submit this da	,	are true. I am aware that the false information submitted in a	
document to the	Department of State constitutes a third degree f	clony as provided for in s.817.155, F.S.	
		01/02/2010	
Req	uired-Signature/Incorporator		