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| (Re | equestor's Name) | · · · | | |
|---|--------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phone | : #) | | |
| PICK-UP | MAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



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2018 SEP 28 PM 3: 56

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COVER LETTER

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

| SUBJECT: | HW Elec | tric Inc. | |
|------------------------|----------------------------------|---------------------------------|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | l a check for: |
| ⊠\$70.00 Filing Fee | \$78.75 Filing Fee | ☐ \$78.75 Filing Fee | \$87.50 Filing Fee, |
| | & Certificate of Status | & Certified Copy ADDITIONAL CO | Certified Copy & Certificate of Status |
| | | ADDITIONAL CO | |
| · FROM: | Parvell AS | T. MM; (e (Printed or typed) | lian |
| | 1565 fram | JK Smith | RS. |
| | 6 | Address | |

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 | n shall be: | 3 | Inc. |
|--|---|----------|---|
| ARTICLE II PRINCIP | ALOFFICE rincipal street address LW L Smith ad | · | is, if different is: 2.W = Sun H A |
| | corporation is organized is: | | * 151. |
| Resid | encal, | | |
| | | | 2018 SEP 2 |
| ARTICLE IV SHARES The number of shares of sto ARTICLE V INITIAL | | | ZB PM 3: 56 28 PM 3: 56 SSEE FLORID |
| Pres. Name and Title | Parvell McMillion 1565 Frank Suite Brincy, Fl. 3235 | | |
| Name and Title: | <i>Y</i> | 1 | |
| Name of The co | | | |
| | | Address: | |

| Name and Title: | Name and Title: | |
|---|---|-------------------------------------|
| Address | Address: | |
| | | |
| | <u> </u> | |
| | | |
| <u>ARTICLE VI REGISTERED AGENT</u> The name and Florida street address (P.O. | Box NOT acceptable) of the registered agent is: | |
| Name: Carvell M | c Millian | |
| 2 | - FSWH DI | |
| Address: 1565 Frag | d 30260 | |
| China, | M. 3474 | |
| ARTICLE VII INCORPORATOR | | |
| The <u>name and address</u> of the Incorporator is | | ્રા કુલ્લાન પૂર્વ |
| Name: Carval | Mc Million | |
| Address: 1565 TV | ant Suith Rel. | |
| Our we | <u> </u> | |
| | | |
| ARTICLE VIII EFFECTIVE DATE: | | |
| Effective date, if other than the date of filing | ;: | .) |
| filing.) | t be specific and cannot be more than five days p | prior or 90 days after the |
| <u>Note:</u> If the date inserted in this block does the document's effective date on the Departr | not meet the applicable statutory filing requiremen | ts, this date will not be listed as |
| the document 3 effective date of the 12cparti | new or state a regorda. | |
| | accept service of process for the above stated corport the appointment as registered agent and agree to | |
| / ¥ | <u> </u> | |
| Gerull A | re/Registered Agent | 9-28-18 Date |
| | | Chair County and Start |
| | facts stated herein are true. I am aware that the jutes a third degree felony as provided for in s.817.1 | |
| Carvell A.M. | Wille | 9-28-18 Date |
| Required Signature/Incorporator | | Date |