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## FLORIDA PROFIT/NON PROFIT CORPORATION SPECIALIZED MECHANICAL SERVICES CORP

| Certificate of Status | 0       |
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| Certified Copy        | 1       |
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Help

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

| The name of the corporatio                   | n shall be:                                  |                                   |            |
|--|--|-----------------------------------|------------|
| <i>ARTICLE II PRINCII</i><br>P               | PAL OFFICE<br>rincipal <u>street</u> address | Mailing address, if different is: | _          |
| 2935 SW 38TH CT                              |  |                                   |            |
| MIAMI, FL 33134                              |  |                                   |            |
| ARTICLE III PURPOS The purpose for which the | SE acorporation is organized is: ANY AND F   | IL LAWFULL BUSINESS               | <u>-</u>   |
|  |  |                                   |            |
|  |  | 79                                |            |
|  |  |                                   | Marsiak    |
| ARTICLE IV SHARE The number of shares of     | 55<br>stock is:                              |                                   | or cy      |
| ARTICLE V INITIA                             | L OFFICERS AND/OR DIRECTORS                  | <br>91<br>**                      | WORKI IDV  |
| Name and Title                               |  | Name and True                     |            |
| Address                                      | 2935 SW 38TH CT                              | Address:                          |            |
|  | MIAMI, FL 33134                              |                                   | . <u>-</u> |
|  |  | Name and Title:                   |            |
| Name and Title                               |  |                                   |            |
| Address                                      |  | Address:                          |            |
|  |  |                                   |            |
| Name and Title                               | :  | Name and Title:                   |            |
| Address                                      |  | Address:                          |            |
|  |  |                                   |            |
|  |  | <del></del>                       |            |

| Name an                   | nd Title:Name and  | Fitle:   |
|---------------------------|--|--|
| Address                   | Address:   |  |
|                           |  |  |
|                           |  |  |
|                           |  |  |
|                           |  |  |
| ARTICLE VI                | REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the registers   | d agent is:  |
|                           | Virgilio David Palomino Molina   |  |
| Name:                     | 2935 SW 38TH CT  |  |
| Address:                  | MIAMI, FL 33134  |  |
|                           |  |  |
| ARTICLE VII               | INCORPORATOR   |  |
| The name and              | address of the Incorporator is:  |  |
| Name:                     | Virgilio David Palomino Molina   |  |
| Address:                  | 2935 SW 38TH CT  |  |
| Piddivos.                 | MIAMI, FL 33134  |  |
|                           |  |  |
|                           | I EFFECTIVE DATE: if other than the date of filing:  | (OPTIONAL)   |
| (If an effective filing.) | if other than the date of filing:  t date is listed, the date must be specific and cannot be more  | than five days prior or 90 days after the  |
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| the document's            | s effective date on the Department of State's records.   |  |
| Having been t             | named as registered agent to accept service of process for the ab<br>A am familiar with and accept the appointment as registered ago   | ove stated corporation at the place designated in<br>ent and agree to act in this capacity |
|                           | and the same of th | 02/12/2019   |
| af                        | Required Signature/Registered Agent  | Date   |
| I submit this             | document and affirm that the facts stated herein are true. I am<br>he Department of State constitutes a third degree felony as provid  | aware that the false information submitted in a led for in s.817.155, F.S.                 |
| document to the           | ne Department of State consultates a time active forming as provided in the active forming as provided in the active forming as provided in the active forming active formi | 02/12/2019   |
| O A                       | equired Signature/Incorporator   | Date   |