



**COVER LETTER**

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

**SUBJECT:** A UTILITY CENTRAL 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** STEPHANIE MARTINEZ  
Name (Printed or typed)

S180 NW 36 ST SUITE 406  
Address

DORAL FL 33166  
City, State & Zip

305-406-3800  
Daytime Telephone number

ATPLUS@LIVE.COM  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared **GUSTAVO E COLINA**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **A UTILITY CENTRAL INC**, a Florida corporation to be filed with the Florida Department of State on or about **March 19, 2019**.
2. The undersigned hereby consents to and authorizes the use by **A UTILITY CENTRAL INC**, of the name **A UTILITY CENTRAL INC**.
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

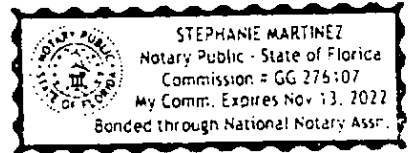
FURTHER AFFIANT SAYETH NAUGHT.

  
\_\_\_\_\_  
GUSTAVO E COLINA

STATE OF FLORIDA            )  
  ) SS:  
COUNTY OF MIAMI-DADE )

PERSONALLY appeared before me, Gustavo E Colina, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 19<sup>th</sup> day of March, 2019.



  
Notary Public Signature

**FILED**  
2019 MAR 22 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

**ARTICLE I NAME** A UTILITY CENTRAL INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
\_\_\_\_\_  
9630 S. RIVER DR. BAY F  
\_\_\_\_\_  
MIAMI FL 33166  
\_\_\_\_\_

Mailing address, if different is:  
\_\_\_\_\_  
20966 SW 92 CT  
\_\_\_\_\_  
CUTLER BAY FL 33189  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND LAWFUL BUSINESS.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100  
\_\_\_\_\_

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

Name and Title: GUSTAVO E COLINA PD  
Address: 20966 SW 92 CT  
CUTLER BAY FL 33189  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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2019 MAR 22 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: GUSTAVO E COLINA  
 Address: 20966 SW 92 CT  
CUTLER BAY FL 33189

**ARTICLE VII INCORPORATOR**

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

Name: GUSTAVO E COLINA  
 Address: 20966 SW 92 CT  
CUTLER BAY FL 33189

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 SECRETARY OF STATE  
 TALLAHASSEE, FL

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

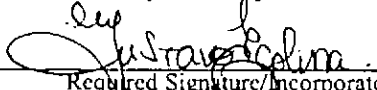
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

3/19/19  
 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

3/19/19  
 Date