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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : KIJGENNA SERVICES INC
Account Number : 120030000033
Phone : (305)644-3055
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**FLORIDA PROFIT/NON PROFIT CORPORATION
ELECTRO DEPOT INC**

Certificate of Status	0
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Page Count	01
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J DENNIS

MAY 24 2019

COVER LETTER

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAY 23 AM 9:28

SUBJECT: ELECTRO EPC 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
☒ \$73.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: ENN DIEPPA

Name (Printed or typed)

2141 S V1 ST SUITE 110

Address

MIAMI FLORIDA 333135

City, State & Zip

78649 7132

Daytime Telephone number

KRIS DENNA@YAHOO.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 NAMEThe name of the corporation shall be: ELECTRO DEPOT INC**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1045 NW 135 CTMIAMI FLORIDA 33182**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY ALL PROPOSE**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JOEL BARRIOS PRESIDENTEName and Title: SELVA BERECOCHEA VICE PRESAddress: 1045 NW 135 CTAddress: 1045 NW 135 CTMIAMI FLORIDA 33182MIAMI FLORIDA 33182

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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DIVISION OF CORPORATIONS
19 MAY 23 AM 9 28

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Address: _____	Address: _____
_____	_____
_____	_____

DIVISION OF STATE
 SECRETARY OF STATE
 19 MAY 23 AM 9:28

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BARRIOS, JOEL
 Address: 1045 NW 135 CT
MIAMI FLORIDA 33182

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JOEL BARRIOS
 Address: 1045 NW 135 CT
MIAMI FLORIDA 33182

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/22/2019 (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.

Joel Barrios
 Required Signature/Registered Agent

05-22-19
 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.

Joel Barrios
 Required Signature/Incorporator

05-22-19
 Date