P190000186070

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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| | | |

Office Use Only



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19 JUN 17 BY 4: 38

SEGRETARY OF STATE

TIME LINDER

JUN 1 8 2019

& Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| PHONE: 850-558-1500 | | | | |
|--|--|--|--|--|
| ACCOUNT NO. : 12000000195 | | | | |
| REFERENCE: 810803 8276631 | | | | |
| AUTHORIZATION: Spella le man | | | | |
| COST LIMIT : \$40.00 | | | | |
| ORDER DATE : June 17, 2019 | | | | |
| ORDER TIME : 3:0 PM | | | | |
| ORDER NO. : 810803-065 | | | | |
| CUSTOMER NO: 8276631 | | | | |
| | | | | |
| DOMESTIC FILING | | | | |
| NAME: PRESS ELECTRIC COMPANY | | | | |
| | | | | |
| EFFECTIVE DATE: | | | | |
| XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | | | | |
| CONTACT PERSON: Roxanne Turner - EXT. | | | | |

EXAMINER'S INITIALS:

COVER LETTER

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

| 2314 | |
|---------------------------------------|--|
| Pass Electric | C Com Pany PORATE NAME - MUST INCLUDE SUFFIX) |
| ginal and one (1) copy of | he articles of incorporation and a check for: |
| Filing Fee & Certificate of Status | \$78.75 \$\simeq\$\$\$\$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED |
| 5401 S. | Kirkman Rd St. 310 Address |
| 321- 4 Days | FL 32-31 9 City, State & Zip 593-9712 ime Telephone number e used for future annual report notification) |
| | Press Electricate of Status Stankst S |

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 NAM: The name of the corpor | | ne Compa | nd |
|--|--|-----------------|--|
| ARTICLE II PRIN | | V | 3 address, if different is: |
| 5401 S. K | irkman Rd ste 310 | | |
| Orlando, | FL 32819 | | - |
| ARTICLE III PURF The purpose for which | the corporation is organized is: | rted New | business |
| - | | | |
| | | | 700 0 |
| | | | ALESSES TO ALL MANAGER TO ALL MANAGE |
| ARTICLE IV SHAR The number of shares of | f stock is: 1,000 | | ARY OF STANS |
| | a: Kyle Thuria (President) | Name and Title: | 2 3 3 3 3 3 3 3 3 3 3 |
| Address | 1345 W. SAND LAKE ACT Orlando, FL 32219 | Address: | |
| | J. Mariou, PL 328191 | - | |
| Name and Title | : | Name and Title: | |
| Address | | Address: | <u> </u> |
| : | | · | |
| Name and Titlo | : | Name and Title: | |
| Address | | | |
| | | | |

| Name and | Title: | Name and Title: | | |
|---|--|--|--|--|
| Address | | Address: | | |
| | : | | | |
| | • | | | |
| | | | | |
| 1077015111 0 | | · | | |
| The name and Flor | E <u>GISTERED AGENT</u> rida street address (P.O. Box NOT acceptable) of l | the registered agent is: | | |
| Name: | Corporation Service Company | | | |
| Address: | 1201 Hays Street | | | |
| | Tallahassee, FL 32301 | • | | |
| - | | | | |
| ARTICLE VII IN | CORPORATOR | | | |
| The name and add | ress of the Incorporator is: | | | |
| Name: | Kyle Thorney | | | |
| Address: | 7345 W. SHUB LAKE Rd | | | |
| | Orlando FL 32219 | | | |
| | | | | |
| ARTICLE VIII E | FFECTIVE DATE: | | | |
| (If an effective date, | ner than the date of filing: | (OPTIONAL) be more than five days prior or 90 days after the | | |
| filing.) | | or more than twe days prior or you days after the | | |
| Note: If the date in the document's effective | serted in this block does not meet the applicable st ctive date on the Department of State's records. | atutory filing requirements, this date will not be listed as | | |
| Having been named | as registered agent to accept service of process for | or the above stated corporation at the place designated in | | |
| this cortificate, I am Copporation Serv | familiar with and accept the appointment as regis | tered agent and agree to act in this capacity | | |
| ву: СУЛ | Required Signature/Registered Agent | 1 4 11/11 1/1 | | |
| 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 Dep | partment of State constitutes a third degree felony of | as provided for in &817.155, F.S. | | |
| Bale V | Hang | <u> </u> | | |
| Required | Signature (heorporator | Date | | |