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Florida Department of State
Division of Corporations
Fax Audit Number Cover Sheet

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

From:
Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
FLORIDA POWER AND DESIGN, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 07 2019
T. SCOTT

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: FLORIDA POWER AND DESIGN, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

MARIANELA ORTEGA PEREZ

1825 PONCE DE LEON BLVD SUITE 68

CORAL GABLES, FL, 33134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ELECTRICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100 PER VALUE $ 1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIANELA ORTEGA PEREZ (D)

Address: 1825 PONCE DE LEON BLVD SUITE 68

CORAL GABLES, FL, 33134

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MARIANELA ORTEGA PEREZ (D)

Address: 1825 PONCE DE LEON BLVD SUITE 68

CORAL GABLES , FL, 33134

ARTICLE VII INCORPORATOR

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

Name: MARIANELA ORTEGA PEREZ (D)

Address: 1825 PONCE DE LEON BLVD SUITE 68

CORAL GABLES , FL, 33134

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

_____ 10-2-2019

Required Signature/Registered Agent 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.

_____ 10-2-2019

Required Signature/Incorporator Date