

1/3/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P20000002844 378

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000002844 3)))



H200000028443ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

RECEIVED

2020 JAN -3 PM 4:20

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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
UPGRADE LIGHTING OF SOUTH FLORIDA INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JAN -3 PM 5:14

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

1/6/20
[Signature]

ARTICLES OF INCORPORATION

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

ARTICLE I NAME UPGRADE LIGHTING OF SOUTH FLORIDA INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

2587 NE 183RD ST

MIAMI, FL 33160

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: THE PURPOSE FOR THIS ENTITY IS ELECTRICAL REPAIR
AND SERVICES.**ARTICLE IV SHARES** 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWIN ANTONIO RIGAUD (P)

Name and Title: _____

Address 2587 NE 183RD ST

Address: _____

MIAMI, FL 33160

Name and Title: CONSUELO VILARCHAO CUELLAR (P)

Name and Title: _____

Address 2587 NE 183RD ST

Address: _____

MIAMI, FL 33160

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2020 JAN -3 PM 5:14
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: EDWIN ANTONIO RIGAUD
Address: 2587 NE 183RD ST
MIAMI, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EDWIN ANTONIO RIGAUD
Address: 2587 NE 183RD ST
MIAMI, FL 33160

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

Edwin Antonio Rigaud

1/3/2020

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.

Edwin Antonio Rigaud

1/3/2020

Required Signature/Incorporator

Date

FILED
2020 JAN -3 PM 5:14
SECRETARY OF STATE
TALLAHASSEE, FL