

1/22/2020

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Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
SMART CERTIFIED ENERGY AUTOMATIONS INC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Corporate Filing Menu

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# 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: SMART CERTIFIED ENERGY AUTOMATIONS INC

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14050 NW 82 AVE

MIAMI LAKES, FL 33016

## ARTICLE III PURPOSE

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

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERTO NAVARRO (P)

Address: 14050 NW 82 AVE

MIAMI, FL 33016

Name and Title:

Address:

President/CEO  
14050 NW 82nd Ave  
Miami FL 33016

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: ROBERTO NAVARRO

Address: 14050 NW 82 AVE

MIAMI LAKES, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERTO NAVARRO

Address: 14050 NW 82 AVE

MIAMI LAKES, FL 33016

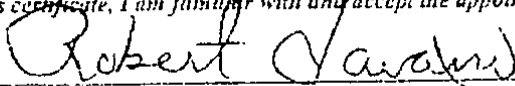
ARTICLE VIII EFFECTIVE DATE:

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.)

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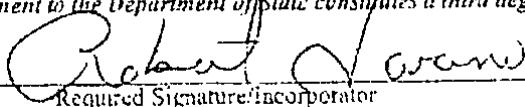
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

1/21/2020  
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

1/21/2020  
Date