

P20000069057

Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
AM/PM DIAGNOSTIC AND SOLUTIONS ELECTRIC CORP.**

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

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:AM/PM DIAGNOSTIC AND SOLUTIONS ELECTRIC Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

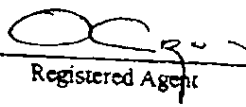
1320 SW 86<sup>th</sup> CT.  
MIAMI FL. 33144**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**OSMANY CRUZ de LA FE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_FILED  
20 SEP - 8 PM 6:57  
TALLAHASSEE, FLORIDA**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

OSMANY CRUZ de LA FE  
1320 SW 86<sup>th</sup> CT  
MIAMI FL 33144**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:OSMANY CRUZ de LA FE  
1320 SW 86<sup>th</sup> CT.  
MIAMI FL 33144


**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent

9/8/20  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator

9/8/20  
\_\_\_\_\_  
Date

FILED  
20 SEP -8 PM 6:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA