

P21000038118

APR 27 2011 3:55 PM

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H21000145259 3)))



H210001452593ABC

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

From:

Account Name : KIDJENNA SERVICES INC
Account Number : I20080000033
Phone : (305)644-3055
Fax Number : (305)644-3052

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
MAM ELECTRICAL INC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

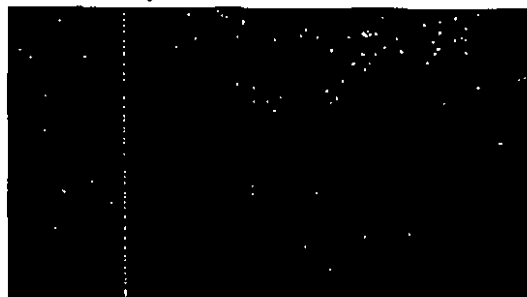
COVER LETTER

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

SUBJECT: MAM ELECTRICAL INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee & Certificate of Status



FROM: KRISOENNA SERVICES INC
Name (Printed or typed)

2141 SW 1 ST SUITE 110
Address

MIAMI, FL 33135
City, State & Zip

7864997132
Daytime Telephone number

KRISOENNA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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 NAME

The name of the corporation shall be: MAM ELECTRICAL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
7759 PANAMA ST

Mailing address, if different is:

MIRAMAR FL 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL PROPOSE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIKI ALEXANDER DEL CID SANCHEZ P Name and Title: _____

Address 7759 PANAMA ST Address: _____

MIRAMAR, FL 33023

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: MIKI ALEXANDER DEL CID SANCHEZAddress: 7759 PNAMA STMIRAMAR, FL 33023**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: DEL CID SANCHEZ MIKE ALEXANDERAddress: 7759 PANAMA STMIRAMAR, FL 33023**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 04/27/2021 (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*Miki Alexander Del cid Sanchez

Required Signature/Registered Agent

04/27/2021

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.*Mike Alexander Del cid Sanchez

Required Signature/Incorporator

04/27/2021

Date