Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email	Address:	<u> </u>
Email	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION **DEI GRATIA 21 HOLDINGS, INC.**

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

COVER LETTER

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

SUBJECT:	DEI GRATIA 21 HOLDINGS, INC.						
	(PROPOSED CORPORA	TE NAMÉ – <u>MUST INCL</u>	UDE SUFFIX)				
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation and	i a check for:				
IX \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED				
FROM:	Kevin Edmonson Name (Printed or typed)						
	5611 Land O'Lakes Blv	d.					
	Address						
	Land O' Lakes, FL 34	639					
	City, State & Zip						
	813-910-3403						
	Daytime Telephone number						
	KevinE@edmonsonelectric.com						
	E-mail address: (to be used	for future annual report r	notification)				

NOTE: Please provide the original and one copy of the articles.

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

RTICLE I NAME he name of the corporation	n shall be: DEI GRATIA 21 HOI	LDINGS, INC.		
Pr	PAL OFFICE rincipal street address Blvd., Land O' Lakes, FL 34639	Ma	Mailing address, if different is:	
• -	E corporation is organized is: holdin		nd membership interests orida Business Corporation Act	
	ock is: 100 shares of common stock OFFICERS AND/OR DIRECTORS	_		
Name and Title:_	Kevin Edmonson – President	Name and Title:	Kevin Edmonson - Secretary	
Address	5611 Land O' Lakes Blvd.,	Address:	5611 Land O' Lakes Blvd.,	
_	Land O' Lakes, FL 34639		Land O' Lakes, FL 34639	
Name and Title:_	Kevin Edmonson – Treasurer;	Name and Title:	Kevin Edmonson-Director	
Address _	5611 Land O' Lakes Blvd.,	Address:	5611 Land O' Lakes Blvd.	
_	Land O' Lakes, FL 34639		Land O' Lakes, FL 34639	
Name and Title:_	Michele Eleyet-Director 5611 Land O' Lakes Blvd.	_		
Address	Land O' Lakes, FL 34639	Address:		
_				

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Name and Titl	e:	Name and Title:	
Address		Address:	
			
ARTICLE VI REGI			
The name and Florida	street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Kevin Edmonson		
Address:	5611 Land O' Lakes Blvd.	<u> </u>	
	Land O' Lakes, FL 34639		
ARTICLE VII INCO	<u>PRPORATOR</u>		
The name and address	of the Incorporator is:		
Name: _	Kevin Edmonson		
Address:	5611 Land O' Lakes Blvd.		
-	Land O' Lakes, FL 34639		
ARTICLE VIII EFF Effective date, if other (If an effective date is filing.)	ECTIVE DATE: than the date of filing: listed, the date must be specific and car	(OPTIONAL mot be more than five days	.) prior or 90 days after the
Note: If the date insert the document's effective	ted in this block does not meet the applicative date on the Department of State's recons	ble statutory filing requiremends.	ts, this date will not be listed as
Having been named as certificate, I am funiila	registered agent to accept tervice of process ir with and accept the appointment as regis	is for the above stated corporat dered agent and agree to act in	ion at the place designated in this this capacity
\sim	0100		05/05/2021
	Required Signature/Registered Agent	 	Date
I submit this document document to the Depart	t and affirm that the facts stated herein a offent of State constitutes a third degree fet	re true. I am aware that the joing as provided for in \$.817.15	false information submitted in a 5, F.S.
100	M C		05/05/21
Required Signature/Inc.	OTDOTATOT	n	ate