

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.

((H21000255463 3)))



H21000255463ABC

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 : EXPERTAX  
Account Number : I20200000010  
Phone : (407)777-7470  
Fax Number : (321)206-9743

\*\*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  
ADELS AUTOMATION INC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

61 JUL 2 2002

Electronic Filing Menu

Corporate Filing Menu

Help

TALLAHASSEE, FL

2001 JUL -2 AM 9:38

FILED



H 210002554633

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: ADELS AUTOMATION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11438 SHORT STORY ST

11438 SHORT STORY ST

ORLANDO , FL 32832

ORLANDO , FL 32832

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT

Name and Title: \_\_\_\_\_

Address PERILLA, WILMER

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

11438 SHORT STORY ST

ORLANDO , FL 32832

Name and Title: VICE-PRESIDENT

Name and Title: \_\_\_\_\_

Address MELO GALINDO, FREDDY

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

11438 SHORT STORY ST

ORLANDO , FL 32832

Name and Title: DIRECTOR

Name and Title: \_\_\_\_\_

Address JIMENEZ VERGARA, CARLOS

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

11438 SHORT STORY ST

ORLANDO , FL 32832

TALLAHASSEE, FL

2021 JUL -2 AM 9:38

FILED

11210002554633

H21 0002554633

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: PERILLA, WILMER

Address: 11438 SHORT STORY ST

ORLANDO , FL 32832

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PERILLA, WILMER

Address: Q34 COLINA YAUREL LAS COLINAS

TOA BAJA, PR 00949

FILED  
2021 JUL -2 AM 9:38  
TALLAHASSEE, FL

**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*

WJP  
Required Signature/Registered Agent

6/30/2021  
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.*

WJP  
Required Signature/Incorporator

6/30/2021  
Date