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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  
EGS ELECTRIC SERVICES, CORP**

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

**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: EGS ELECTRIC SERVICES, CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address3675 NW 11TH ST.MIAMI, FL 33125

Mailing address, if different is:

3675 NW 11TH STMIAMI, FL 33125**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: GABRIELA SARRIAAddress: PRESIDENT3675 NW 11TH STMIAMI, FL 33125Name and Title: EDWIN G. ALEMANAddress: VIC-PRESIDENT3675 NW 11TH STMIAMI, FL 33125

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: GABRIELA SARRIA  
Address: 3675 NW 11TH ST  
MIAMI, FL 33125

**ARTICLE VII. INCORPORATOR**

The name and address of the Incorporator is:

Name: GABRIELA SARRIA  
Address: 3675 NW 11TH ST  
MIAMI, FL 33125

**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*

x [Signature]  
Required Signature/Registered Agent

09/09/2021  
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.*

x [Signature]  
Required Signature/Incorporator

09/09/2021  
Date

2021 SEP -9 PM 12:56  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED