

Florida Department of State  
Division of Corporations  
Filing Cover Sheet

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**To:**

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

**From:**

Account Name : KOTCHILTH VALDIVIA  
Account Number : I20220000026  
Phone : (305)332-1478  
Fax Number : (305)456-4563

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

**Email Address:** \_\_\_\_\_

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2022 MAY -6 AM 8:37

REGISTRARS  
COMMERCIAL  
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION  
M G ELECTRIC POWER, CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2022 MAY -6 PM 5:24

FILED



**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: **M G ELECTRIC POWER, CORP.****ARTICLE II PRINCIPAL OFFICE**Principal street address

2806 FAN PALM DR

DAVENPORT, FL 33897

Mailing address, if different is:

2806 FAN PALM DR

DAVENPORT, FL 33897

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: **PROFESSIONAL CORPORATION****ARTICLE IV SHARES**The number of shares of stock is: **100****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **MANUELA A. RAMIREZ - PRES**

Name and Title:

Address **2806 FAN PALM DR**

Address:

**DAVENPORT, FL 33897**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: MANUEL A. RAMIREZ - PRES  
Address: 2806 FAN PALM DR  
DAVENPORT, FL 33897

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MANUEL A. RAMIREZ - PRES  
Address: 2806 FAN PALM DR  
DAVENPORT, FL 33897


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/05/2022. (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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

05/05/2022

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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

05/05/2022

Date

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TALLAHASSEE, FLORIDA