

P.22 0000 46391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

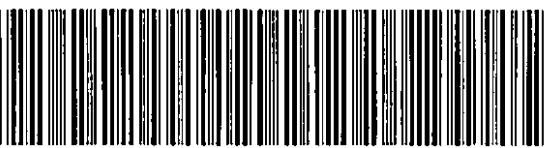
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2022 JUN -9 AM 10:27

2022 JUN -9 PM 1:47

DEPT. OF STATE
FLORIDA
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ELECTRIC CORADO, 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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: GLENDY YOJANA CORADO RUIZ
Name (Printed or typed)

1913 BLAZERS TRAIL

Address

LAKELAND FL 33809

City, State & Zip

904-554-0830

Daytime Telephone number

GCORADO654@GMAIL.COM

E-mail address: (to be used for future annual report notification)

FLORIDA DIVISION OF STATE
FLORIDA
TALLAHASSEE, FLORIDA

2022 JUN -9 AM10:27

LEI

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: ELECTRIC CORADO, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1913 BLAZERS TRAIL

LAKELAND FL 33809

Mailing address, if different is:

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: GLENDY YOJANA CORADO RUIZ , P Name and Title: _____

Address: 1913 BLAZERS TRAIL Address: _____

LAKELAND FL 33809 _____

STATE OF FLORIDA
ALL THAT IS SET FORTH
HEREIN IS HEREBY CERTIFIED
TO BE A TRUE COPY
OF THE RECORD
FILED IN THE
OFFICE OF THE
SECRETARY OF STATE
AT TALLAHASSEE, FLORIDA
ON JUN 9, 2022
AT 10:27 AM

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 AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LESBIA SEGURA
Address: 3203 S ORANGE BLOSSOM TRAIL #206
KISSIMMEE, FL 34746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LESBIA SEGURA
Address: 3203 S ORANGE BLOSSOM TRAIL #206
KISSIMMEE, FL 34746

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FLORIDA DEPARTMENT OF STATE
ALL APPLICANT INFORMATION

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JUNE 9, 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

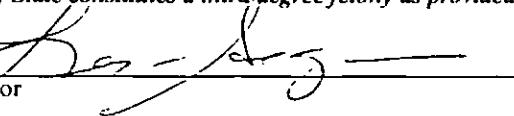


Required Signature/Registered Agent

06/09/2022

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

06/09/2022

Date