Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019

: (305)552-5973

Phone Fax Number

: (305)675-5944

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

Email	Address:				
Emgli	MUUTESS:	_	 		

FLORIDA PROFIT/NON PROFIT CORPORATION MIAM POWER ALL CONTRACTOR CORP

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



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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	ami Power all Contractor C
	The principal street address and mailing address is:
	7/20 Sw /7 th tor
-	1/ 22/56
_	# <u>L</u> 33/55 MIAMI
-	
<u>RTIC</u>	TEIN SHARES: The number of shares of stock is:
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE S:
	Francisco Lung Rodrigues
	(ρ) α θ
	<u>-</u>
ART	ICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
he na	me and Florida street address (PO Box not acceptable) of the registered agent is:
	rancisco Lung Rodriguez
	7/20 Sw 17 th te
	FL 33155 MIAMI
	72 33(33: 7.11711111
 <u>AR</u> TI	CLE VI INCORPORATOR: The name and address of the Incorporator is:
	CLE VI INCORPORATOR: The name and address of the Incorporator is:
	CLEVI INCORPORATOR: The name and address of the Incorporator is: Vancis co Luna Rodriguez 7/20 Sw /7 /h /er

Required Signatures:

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

Francisco Luna 9/29/22
Registered Agent 9/29/22

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.

Francisco Luna 9/29/22
Incorporator Date