

10/3 Oct. 3, 2022 10:27AM

GEALD WEINBERG

Division of Corporations

No. 4480 P. 1

P22000075892

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

****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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**FLORIDA PROFIT/NON PROFIT CORPORATION
MRP MECHANICAL SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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DS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: MRP MECHANICAL SERVICES, INC.ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

218-222 EAST COMMERCIAL BOULEVARD218-222 EAST COMMERCIAL BOULEVARDLAUDERDALE BY THE SEA, FL 33308LAUDERDALE BY THE SEA, FL 33308ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 200ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: SAL AMATO, P

Name and Title: _____

Address 5200 SEA RANCH LAKES

Address: _____

1415 N. OCEAN BOULEVARDLAUDERDALE BY THE SEA, FL 33308

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Oct. 3. 2022 10:27AM

GEALD WEINBERG

(H 0338455 3)

No. 4460 P. 3

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: WILSON, ELSE, MOSKOWITZ, EDELMAN & DICKER LLP
Address: 515 NORTH FLAGLER DRIVE, SUITE P-300, ATTN: NICK CAIAZZO
WEST PALM BEACH, FL 33401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAWRENCE A. KIRSCH
Address: 41 STATE STREET, SUITE 700
ALBANY, NEW YORK 12207

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

/s/nick R. Caiazzo

Required Signature/Registered Agent

09/30/2022

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.

Lawrence A. Kirsch

Required Signature/Incorporator

09/30/2022

Date

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