

3/1/23, 2:38 PM

Division of Corporations

**PLEASE** Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000079348 3)))



H230000793483ABC3

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

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

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

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

Email Address: MARINODEVELOPMENT@GMAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION****All Cape Electric Inc**

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

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

DocuSign Envelope ID: 038D4CBF-E8AF-458C-AE1D-999932F9B160

**ARTICLES OF INCORPORATION**

H23000079348

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

**ARTICLE I NAME**

The name of the corporation shall be: All Cape Electric Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2017 SE 44th Street  
Cape Coral, FL 33904

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Legal or Lawful Purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 100 at No Par Value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael Marino - President/Director Name and Title: \_\_\_\_\_

Address 2017 SE 44th Street Address: \_\_\_\_\_  
Cape Coral, FL 33904

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

H23000079348

DocuSign Envelope ID: 038D4C8F-E8AF-458C-AE1D-999932F9B160

H23000079348

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: Michael Marino  
Address: 2017 SE 44th Street  
Cape Coral, FL 33904

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Michael Marino  
Address: 2017 SE 44th Street  
Cape Coral, FL 33904

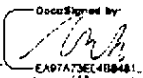
**ARTICLE VIII EFFECTIVE DATE:**

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.

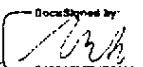
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

DocuSigned by:  
  
EA07A79EC4B0461  
Required Signature/Registered Agent

March 1, 2023

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.*

DocuSigned by:  
  
EA07A79EC4B0461  
Required Signature/Incorporator

March 1, 2023

Date

H23000079348