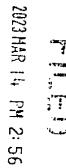
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lewis Engineering a	and Consulting Service	s, PA
Please Debit I200000	000257 For: 70	
Thank you Seth Neel		
Thank you self Neel	ley	
At 1/2/		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
,		Officer Search
		Fictitious Search
Sianana Sianana		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: SETH	03/10/23	UCC 1 or 3 File
	 	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier
11. Parcer's Presing - Them Issue GA &/00	•	1

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

ARTICLE I NAM			
The name of the corpo	oration shall be: Lewis Engineering and Consu	ilting Services, PA	
2200 N. Commerce Weston, FL 33326	Principal street address	Mailing address, if different is:	
•	h the corporation is organized is: (i) To perfo		
and private sector org	ganizations, (ii) to engage in any lawful act or	r activity for which corporate	tions may be organized under the
of the State of Florida	a, and (iii) for any purposes and activities nec	essary, convenient, or incid	ental to the conduct, promotion, o
ttainment of the purp	pose in clause, all of the above (collectively,	the "Business").	
	•		
ARTICLE IV SHA	ARES		
	of stock is: 10,0000		2023 SECI
	•		
ARTICLE V INIT	TIAL OFFICERS AND/OR DIRECTORS		HAR T
Name and T	itle: Gregory Lewis	_ Name and Title:	4
Address	2200 N. Commerce Parkway, Suite 200	Address:	PH
71441033			72 5
	Weston, FL 33326		5, 8
			
Name and Tit	tle:	Name and Title:	·
Address		Address:	
	•		
	·		
Name and Tit	tle:	Name and Title:	
Address		Address:	
			····

.•	Name and Title:		Name and Title:		
	Address		Address:		
	<u></u>				
	_				
4 En der e	cirui beciere	TED ACENT			
	CLE VI REGISTE. ame and Florida stree	<u>REDAGENI</u> et address (P.O. Box NOT acceptable) of t			
Name	e; <u>Bryn La</u>	aw Group	SECKLES AND TALES		
Addre	ess: 2 S Big	scayne Blvd., Suite 2600			
	<u>Miam</u>	i. FL 33131	· · · · · · · · · · · · · · · · · · ·		
ARTICLE VII INCORPORATOR		<u>DRATOR</u>	P 72: 5		
The <u>na</u>	ame and address of th	e Incorporator is:	te: O		
Na	me: <u>Greg</u>	ory Lewis			
Α	ddress: 220	00 N. Commerce Parkway, Suite 200			
	W	eston, FL 33326			
	CLE VIII EFFECT ive date, if other than	TVE DATE: the date of filing:	(OPTIONAL)		
(If an filing.	effective date is liste	d, the date must be specific and cannot	be more than five days prior or 90 days after the		
		this block does not meet the applicable steen the Department of State's records.	statutory filing requirements, this date will not be listed as		
		tered agent to accept service of process fo h and accept the appointment as registere	r the above stated corporation at the place designated in thi d agent and agree to act in this capacity	S	
Mark Bryn Required Signature/Registered Agent			03/14/2023		
	Ŧ	Required Signature/Registered Agent	Date		
		l affirm that the facts stated herein are t Lof Stale constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.	7	
		5			
Requir	red Signature/Incorpo	rator	Date /		

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