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Division of Corporations

Piorida Department of State Division of Corporations

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 FLORIDA PROFIT/NON PROFIT CORPORATION

 VAZQUEZ SANCHEZ ELECTRICAL SERVICES INC

 Certificate of Status

 Certified Copy

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 Page Count

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 Estimated Charge

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ARTICLES OF INCORPORATION

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

TICLE II PRIM	CIPAL OFFICE Principal <u>street</u> address	Mailing a	Mailing address, if different is:	
2862 SW 12TH TE		·		
/1AMI, FL 33184				
TICLE III PURI	POSE			
purpose for which	the corporation is organized is: <u>AN</u>	Y AND ALL LAWFUL BUSINES	SS ACTIVITY	
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TICLE IV SHA	<u>RES</u> of stock is: 100 SHARES @ \$10.00 E	ACH		
number of shares (<u>TICLE V INIT</u>)	of stock is: <u>100 SHARES</u> @ \$10.00 E	DRS		
TICLE V INIT. Name and Ti	of stock is: <u>100 SHARES @ \$10.00 E</u> IAL OFFICERS AND/OR DIRECTO	D <u>RS</u> Name and Title:		
number of shares (<u>TICLE V INIT</u>)	of stock is: <u>100 SHARES @ \$10.00 E</u> IAL OFFICERS AND/OR DIRECTO Ile: <u>LUIZ VAZQUEZ- P</u> <u>12862 SW 12TH TER</u>	D <u>RS</u> Name and Title:	2	
number of shares of <u>FICLE V INIT</u> Name and Ti	of stock is: <u>100 SHARES @ \$10.00 E</u> IAL OFFICERS AND/OR DIRECTO	D <u>RS</u> Name and Title:	A R A	
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Addr	ess	Address:	
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	REGISTERED AGENT		
i ne <u>iiame and</u>	<u>l Florida street address</u> (P.O. Box NOT a	cceptable) of the registered agent is:	
	<u>I Florida street address</u> (P.O. Box NOT a TAP SOLUTIONS INC	cceptable) of the registered agent is:	
Name:		cceptable) of the registered agent is:	
l he <u>name and</u> Name: Address:	TAP SOLUTIONS INC	cceptable) of the registered agent is:	
Name: Address:	TAP SOLUTIONS INC 2341 NW 7TH ST MIAMI, FL 33125	cceptable) of the registered agent is:	
Name: Address: A <i>RTICLE VI</i> I	TAP SOLUTIONS INC	cceptable) of the registered agent is:	

<u>ARTICLE VIII EFFECTIVE DATE:</u> 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 familing wift and accept the appointment as registered agent and agree to act in this capacity is 20

Required Signature/Registered Agent

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I submit this document and affirm that the facts stated herein are true. I am aware that the false information Aubmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.F.

Required Signature/Incorporator

Date