

P24000021981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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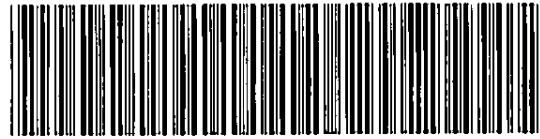
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAR 28 PM 5:11
STATE
HALLANDALE, FL

05/29/24--01005--005 **70.00

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2024 MAR 28 PM 4:07
HALLANDALE, FLORIDA

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Customer Service Electric Supply, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
& Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: Alphonzo Harris
Name (Printed or typed)

702 Boston Ave Apt A
Address

Orlando, FL 32805

521 594 0192
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Customer Service Electric Supply, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
702 Boston Ave APT A
Orlando, FL 32805

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 45,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alphonzo Harris President

Address: 702 Boston Ave APT A

Orlando, FL 32805

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF COURT
STATE OF FLORIDA

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: Alphonzo Harris

Address: 702 Boston Ave APT A

Orlando, FL 32805

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alphonzo Harris

Address: 702 Boston Ave APT A

Orlando, FL 32805

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3-28-24 (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.

AH

Required Signature/Registered Agent

3-28-24

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.

AH

Required Signature Incorporator

3-28-24

Date