From: Veronica Gonzalez

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

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Account Number : I20220000023 : (800)221-2972 Fax Number : (917)243-5843

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Email	Address:			_	

FLORIDA PROFIT/NON PROFIT CORPORATION

Accurate Electric Advisor, Inc.

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\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help



To:

ARTICLES OF INCORPORATION

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

TICLE II PR	NCIPAL OFFICE					
	Principal street address		Mailing a	address, if differ	ent is:	
20 Sealtorse Bay			9320 Scahorse Bay Drive			
ynton Beach, FL	33473	Boynton Beach, F1, 33473				
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TICLE III PUI e purpose for whice	RPOSE to entry to the the corporation is organized is:	ngage in any lawf	ul act or activity (for	***************************************	
rich corporations r	nay be organized.					
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Name	and Title:	Name and Title:	Name and Title:				
Addre	ess						
ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acce	otable) of the projectored power is:					
Name:	Barry Halpern	prover or the registered agent is.					
Address:	9320 Seahorse Bay Drive		20				
	Boynton Beach, FL 33473	· ·······	[7]				
<u>ARTICLE VII</u>	INCORPORATOR		. 89				
The name and	uddress of the Incorporator is:		3				
Name:	Bany Halpem		ි යා දුණ ලක් ල				
Address:	9320 Seahorse Bay Drive		L. 6				
	Boynton Beach, FL 33473						
Effective date, i (If an effective days after the f <u>Note:</u> If the dat	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and filing.) e inserted in this block does not meet the appendictive date on the Department of State's re-	d cannot be more than five busi olicable statutory filing requireme	ness days prior or 90 business				
Having been na this certificate, I	med as registered agent to accept service of am familiar with and accept the appointment	nt as registered agent and agree to	porution at the place designated in act in this capacity 5-24-2024				
	Required Signature/Registered Ag	ent	Date				
submit this do locument to the	cument and affirm that the facts stated her. Department of State constitutes a third degr	cin are true. I am aware that the ce felony as provided for in s.817.	e false information submitted in a .155, F.S.				
1 m	MA		5.24 2024				
7 Requ	ired Signapure/Incorporator		Date				