P14000043675

()	Requestor's Name)			
	A 1988			
(/	Address)			
	Address)			
•	·			
	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
	Business Entity Name)			
,	,			
(Document Number)				
Certified Copies	Certificates of Status			
r				
Special Instructions to F	illing Officer:			

Office Use Only



400432161064

2024 JUN 28 AM 9: 47

Ø

ALLAHASSEE, FLORIDA

2024 JUN 28 AH II: 08

HECENTER

116

CSC - Tallahassee ·CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 06/28/24 Order #: 1546790-1 Re: SPF Utilities, Inc.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.0 - FL State Account: Num 120000000195 Speisele man

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

The name of the corporat	sion shall be: SPF Utilities, Inc.		
The name of the corporation shall be: SPF Utilities, Inc. ARTICLE II PRINCIPAL OFFICE Principal street address 3225 McLeod Drive			dress, if different is:
		Same as principal office	
Suite 10 Las Vegas, NV 89121	1		
	he corporation is organized is:		
	h the Corporation is organized is to trans		for which a
	acorporated under the Florida Business	Corporation Act, as now	
existing or hereafter a	amended.		
			7724
ABTICLE IV CHAD	EC		28
ARTICLE IV SHARI The number of shares of	200,000 stock is:		Si C
			
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		9: 11.7 9: 11.7
Name and Title	Gerald Jorge, Director and President	Name and Title:	
Address	3225 McLeod Drive		
	Suite 100		
	Las Vegas, NV 89121		
Name and Title:		Name and Title:	
Address		Address:	
			<u> </u>
Name and Title:		Name and Title:	
reactods			
		-	
			

. Name a	nd Title:	Name and Title:	
Addres	<u> </u>	Address:	
	-		
			
ARTICLE VI	REGISTERED AGENT		
	<u>Ibrida street address</u> (P.O. Box NOT acce Corporation Service Company	ptable) of the registered agent is:	
Name:	1201 Hays Street		
Address:			
	Tallahassee, FL 32301		
ARTICLE VII	<u>INCORPORATOR</u>		
			202 1
	ddress of the Incorporator is: Steve Holmes		FIN 2024 JUH 2 S FACE AN
Name:	3333 Lee Parkway, 8th Floor		IN 28
Address:			97. 73
	Dallas, TX 75209		SEP
OTICLE CHI	EFFECTIVE 6 CTE.		ED MI 9: 47 OF STATE SEE, FL
Effective date, it	EFFECTIVE DATE: other than the date of filing:	OPTIONAL	[1]
(If an effective d filing.)	fate is listed, the date must be specific an	d cannot be more than five days pric	or or 90 days after the
Note: If the date	inserted in this block does not meet the ap	plicable statutory filing requirements, t	this date will not be listed as
the document's e	ffective date on the Department of State's	records.	
Having been nam certificate, I am f	ned as registered agent to accept service of p amiliar with and accept the appointment as	rocess for the above stated corporation registered agent and agree to act in thi	at the place designated in this s capacity
	_Shauna Godbol	Y -	
			Date
I submit this document of the I	fument and affirm that the facts stated her Department of State constitutes a third degr	cin are true. I am aware that the fals, ce felony as provided for in s.817.155, I	e information submitted in a N.S.
1/1	100		6/27/2024
Required Signatu	re lifeorporator	Date	

FIN-56399