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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : KIJONNA SERVICES INC
Account Number : 120080000033
Phone : (305) 644-3055
Fax Number : (305) 644-3052

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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SARMIENTOS M ELECTRIC CORP**

Certificate of Status	1
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MS

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: SARMIENTOS M ELECTRIC CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

25 W 27TH STREET APT. 1

HIALEAH, FLORIDA 33010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY ALL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KARLA A.MUNGUIA ROMERO

Name and Title: _____

Address PRESIDENT

Address: _____

25 W 27TH ST APT.1

HIALEAH, FLORIDA 33010

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: KARLA A. MUNGUIA ROMEROAddress: 25 W 27TH ST. APT. 1HIALEAH, FLORIDA 33010**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KARLA A. MUNGUIA ROMEROAddress: 25W 27TH ST. APT. 1HIALEAH, FLORIDA 33010**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 03/27/2025 (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*Karla Munguia

Required Signature/Registered Agent

03/27/2025

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.*Karla Munguia

Required Signature/Incorporator

03/27/2025

Date

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