APPROVED AND FILED
02 FEB -7 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# TRANSMITTAL LETTER

P02000013828

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

**SUBJECT:** POWER PROTECTION PROFESSIONALS, INC.
(Proposed corporate name - must include suffix)

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

☐ $70.00 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☒ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

02 FEB -7 AM 9:50
RECEIVED

FROM: KAY FLYNN
Name (Printed or typed)

11097 PENNEWAW TRACE
Address

TALLAHASSEE, FL 32317
City, State & Zip

850-656-3638
Daytime Telephone number

500084889905--3
-02/07/02--01016--013
*****78.75 *****78.75

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

2/7

**ARTICLES OF INCORPORATION**
**In compliance with Chapter 607, F.S., Florida Profit**

**ARTICLE I NAME**
**The name of the corporation shall be:** POWER PROTECTION PROFESSIONALS, INC.

**ARTICLE II PRINCIPLE OFFICE**
**The principle place of business/mailing address is:** 11097 PENNEWAW TRACE
TALLAHASSEE, FL 32317

**ARTICLE III SHARES**
**The number of shares of stock is:** 100

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**ARTICLE IV OFFICERS/DIRECTORS (OPTIONAL)**
**The name(s) and address(es):**

**ARTICLE V REGISTERED AGENT**
**The name and Florida street address of the registered agent is:** CHARLES R. FLYNN
11097 PENNEWAW TRACE
TALLAHASSEE, FL 32317

**ARTICLE VI INCORPORATOR**
**The name and address of the Incorporator is:** CHARLES R. FLYNN
11097 PENNEWAW TRACE
TALLAHASSEE, FL 32317

**********

**I hereby accept the appointment as Registered Agent & agree to act in this capacity.**

Charles R. Flynn
**Signature/Registered Agent**

07 FE 02
**Date**

Charles R. Flynn
**Signature/Incorporator**

07 FE 02
**Date**