

TRANSMITTAL LETTER

P020000013828

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

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

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

FROM:

KAY FLYNN
Name (Printed or typed)

11097 PENNEWAY TRACE
Address

TALLAHASSEE FL 32317
City, State & Zip

850-656-3638
Daytime Telephone number

500094889905--3
-02/07/02--01016--013
*****78.75 *****78.75

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

[Signature] 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/mailling address is: **11097 PENNEWAW TRACE
TALLAHASSEE, FL 32317**

ARTICLE III SHARES

The number of shares of stock is: **100**

ARTICLE IV OFFICERS/DIRECTORS (OPTIONAL)

The name(s) and address(es):

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 FEB -7 AM 10:00

APPROVED
AND
FILED

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.


Signature/Registered Agent

07 FEB 02
Date


Signature/Incorporator

07 FEB 02
Date