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# Florida Department of State

**Division of Corporations** Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

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Account Number : I20000000264 Phone

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# FLORIDA PROFIT CORPORATION OR P.A.

E To The Fourth Power, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### NAME

The name of the Corporation shall be: E To The Fourth Power, Inc.

#### ARTICLE PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 3013 North Oakland Forest Drive

Oakland Park, FL 33309

### ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is 1000 shares

#### ARTICLE IV DIRECTORS

The number of directors constituting the initial board of directors is one (1), and the name and address of the person or persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

Anthony Jerome Robinson

3013 North Oakland Forest Drive

Oakland Park, FL 33309

# ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Anthony Jerome Robinson

3013 North Oakland Forest Drive

Oakland Park, FL 33309

## ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Anthony Jerome Robinson

3013 North Oakland Forest Drive

Oakland Park, FL 33309

Signature Incorporator

Having been samed as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature # Registered Agent

Date

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