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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

Enclosed are 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Gary Lee	Printed or typed		
26 Hawaii Blud				
Naples, FL 34112				
(239) 775-2288 Daytime Telephone number				

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

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: Elife Solar Control Corp. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 26 Hawaii Blud Naples, FL 34112 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: , - Apy lawful ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): NA ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Gary Lee Page 26 Hawaii Blud Naples PL INCORPORATOR ARTICLE VII The name and address of the Incorporator is: Gary Lee Page 26 Haubii Blud Norpies, FL 34117 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 05-04-04 Date