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Certified Copies	Certificates (of Status
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Special Instructions to Filin	g Officer:	

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TRANSMITTAL LETTER

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

SUBJECT:C	omplete power (proposed corpora	SYSTEMS OF	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles 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	& Certificate of Status	
FROM:	ANDY KAR	MAS (Printed or typed)		
-	1730 Twin			04 SE
		F1. 32725 State & Zip 804 4869	-	04 SEP 29 AM

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

Daytime Telephone number

ARTICLE I NAME		
ARTICLE I NAME The name of the corporation shall be:		
COMPLETE POWER SYSTEMS OF FL. INC.		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		•
1730 TWIN OAK ST. DELTONA FL. 32725		•
- · · · ·		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		
SALES		
ARTICLE IV SHARES		
The number of shares of stock is: 100		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS		
List name(s), address(es) and specific title(s):		
. ANDY KARAAS 1730 TWIN OAK ST. DELTO	NA FL. 32725	<u>-</u> -
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. ANDY KARAAS 1730 TWIN OAK ST. DELTO ARTICLE VI REGISTERED AGENT		ر 04 SE2 29
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