

POS000165187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400062244854

12/21/05--01010--008 **87.50

EFFECTIVE DATE

01-01-06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 21 PM 3:32

B. McKnight DEC 21 2005

TRANSMITTAL LETTER

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

SUBJECT: POWERS PROTECTION, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Jonathan Powers

Name (Printed or typed)

4250 W. Malaluka Circle

Address

Citrus Springs, FL 34433

City, State & Zip

(352) 476-9536

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:

POWERS PROTECTION, INC.

(not effective until January 1, 2006)

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 234
Lecanto, FL 34460

EFFECTIVE DATE

01-01-06

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Alarm Systems Installation - and any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

500 - 250 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jonathan Powers - President
4250 W. Malaluka Circle, Citrus Springs, FL 34433

Ruth Powers - Vice-President
4250 W. Malaluka Circle, Citrus Springs, FL 34433

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Jonathan Powers
4250 W. Malaluka Circle
Citrus Springs, FL 34433

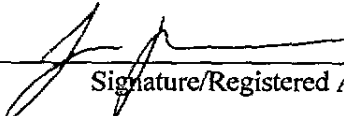
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jonathan Powers
4250 W. Malaluka Circle
Citrus Springs, FL 34433

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 21 PM 3:32

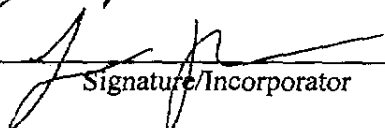
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



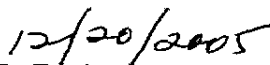
Signature/Registered Agent



Date



Signature/Incorporator



Date