

P06 000028133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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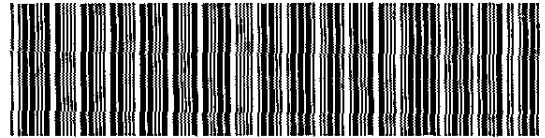
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 FEB 24 PM 3:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

1 Burch FEB 24 2006

COVER LETTER

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

SUBJECT: FULL POWER GENERATORS, 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: SAM JACKS
Name (Printed or typed)
105950 Cypress Rd Ste 208/7
Address
PLANTATION, FL 33312
City, State & Zip
954 583-5444
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:

FULL POWER GENERATORS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6950 CYPRESS RD STE 208/7
PLANTATION, FL 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES OF GENERATORS

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):

SAMUEL JACKS - 13755 CARTON DR. DAVID FL 33330 Pres
WILLIAM RUSSELL 13602 SW 24th ST DAVID, FL 33325 Sec/Gen

ARTICLE VI REGISTERED AGENT

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

SAMUEL JACKS
6950 CYPRESS RD STE 208/7
PLANTATION FL 33317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SAMUEL JACKS
6950 CYPRESS RD. STE 208/7
PLANTATION, FL 33317

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

Signature/Incorporator

Date

Date

06 FEB 24 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED