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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 9, 2007

GARY POWERS 3444 MARINATOWN LANE N. FT. LAUDERDALE, FL 33903

SUBJECT: POWER MANAGEMENT, INC.

Ref. Number: W07000017207

We have received your document for POWER MANAGEMENT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Document Specialist New Filing Section

Letter Number: 907A00023785

COVER LETTER

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

SUBJECT: POWERS	MANAGEMENT,	INC.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and	one (1) copy of the art	icles of incorporation and	l a check for:
☐ \$70.00		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: GARY PO	WERS		
	Name	(Printed or typed)	
3444 N	IARINATOWN LAN	IE	
	4	Address	
N. FT. I	MYERS, FLORIDA		
	City,	State & Zip	
239-851	1-7547		
	Daytime T	elephone number	' , , , , , , , , , , , , , , , , , , ,

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

ARTÍCLES 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 MANAGEMENT CON SYLTING INC.

ASCALAR S MAN IN

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3444 MARINATOWN LANE N. FT. MYERS, FLORIDA 33903

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR A PROFESSIONAL CORPORATION TO CONDUCT BUSINESS IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

1.000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GARY POWERS, 3444 MARINATOWN LANE, N. FT. MYERS, FL 33903 - PRESIDENT DEBBIE POWERS, 3444 MARINATOWN LANE, N. FT. MYERS, FL 33903 - VICE PRES.

AKTICLE VI	REGISTERED AGENT
The name and Flori	ida street address (P.O. Box NOT acceptable) of the registered agent
Johni	for Powers
5730 5	W 18+ St 2001
aupa (wal th 3399)

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GARY POWERS

3444 MARINATOWN LANE

N. FT. MYERS, FLORIDA 33903

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/

is:

Date