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Office Use Only



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COVER LETTER

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

SUBJECT: Th	e Powell Groun (PROPOSED CORPORA	Enterprises	Inc.
•	(PROPOSED CORPOR A 7	ΓΕ NAME – <u>MUST INCLI</u>	JDE SUFFIX)
Y'' 1 t .	'		
Enclosed are an orig	inal and one (1) copy of the arti-	cles of incorporation and	a check for:
\$70.00	\$78.75	□ \$78.75	ጃ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
·	& Certificate of Status	& Certified Copy	Certified Copy
	•		& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED

FROM: Alexitnder L. Powell Name (Printed or typed)	
Name (Printed or typed)	
P.O. Box 658	_
Addiess	
Quincy Florida 32353 City, State & Zip	_
/ City, State & Zip	
850/933-1531	
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)

Al	TI	CL	EI	· NA	<i>ME</i>

The name of the corporation shall be: The Powell Group Enterprises Inc.

ARTICLE II	PRINCIPAL OFFICE
AKIILLEII	FRINCIPAL OFFICE

The principal place of business/mailing address is:

The principal place of business/maining accures is.

265 Geneva Circle P.O. Box 658

Avincy Florida 32351 Quincy Florida 32353

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home Improvement Services

SHARES ARTICLE IV

The number of shares of stock is: 1.000

INITIAL OFFICERS AND/OR DIRECTORS

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

Alexander L. Powell, P.O. Box 658 Quincy 32353, President

REGISTERED AGENT

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

lexander L. Powell 205 Geneva Circle Quincy FL 32351

INCORPORATOR

The name and address of the Incorporator is:

exander L. Powell P.O. Box 658 Quincy FL 32353

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/Incorporator