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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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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

| BJECT: RB Pow | (PROPOSED CORPOR | ATE NAME – <u>MUST INCI</u> | LUDE SUFFIX) |
|--------------------|--|--|---|
| closed are an orig | inal and one (1) copy of the art | icles of incorporation and | l a check for: |
| \$70.00 Filing Fee | ☑ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |
| FROM: | Robert Powers Name (Printed or typed) | | |
| | 1900 Kimlyn Cir. Address | | |
| | Kissimmee, FL 34758 City, State & Zip | | |
| | 407-346-5901 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:

RB Power Products, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 1900 Kimlyn Cir. Kissimmee, FL 34758

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert Powers - 1900 Kimlyn Cir. Kissimmee, FL 34758. President/Treasurer Barbara Winneroski - 1900 Kimlyn Cir. Kissimmee, FL 34758. Vice President/Secretary

ARTICLE VI REGISTERED AGENT

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

Corporation Service Company - 1201 Hays Street, Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Robert Powers - 1900 Kimlyn Cir. Kissimmee, FL 34758. Barbara Winneroski - 1900 Kimlyn Cir. Kissimmee, FL 34758

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

gnature/Registered Agent

ghature/registered Agent

Signature/Incorporator

3/3/09

Date

Data