P1000000129

(Re	equestor's Name)	
(Δα	ldress)	
(/\c	iuless)	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(60	isiness Lility Ivain	(e)
		*
(Document Number)		
Certified Copies	_ Certificates	of Status
	12/2	
Special Instructions to Y4@12:29 Ca 12:36 re authorized date.	Filing Officer: / 3	o de M
146012:29 Ca	ned am	ranou
12:36 10	turnedny	call scall
authorized	RA addition	ons receive
acte.		ĺ
ļ		
		ļ

Office Use Only

900163791429

12/21/09--01023--014 **78.75

ZOON DEC 30 PO 1: 2
SECRETARY OF STATE
ALLAHASSEE, FLORIN

COVER LETTER

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

SUBJECT: A Powe	r Solutions, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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: Arr	nando Padilla		<u> </u>
	Nam	e (Printed or typed)	
145	Costa Loop		
		Address	
Aut	ourndale, Fl 33823		
<u> </u>		, State & Zip	
407	-692-4720	7	
	Daytime '	Telephone number	_
arm	andito_padilla@yahoo.com		N
	E-mail address: (to be us	ed for future annual report	notification)

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)
The name of the corporation shall be: A Power Switch grav Solutions Inc. A Power Switch grav Solutions Inc. A Power Switch grav Solutions Inc.
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 145 Cost A LOOP
AUDURNDALE FL. 33823
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
The number of shares of stock is: 100 SHARES
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): ARMANDO PADILLA - PRESIDENT
The name and Florida street address (P.O. Box NOT accentable) of the registered agent is: ARMANDO TADILLA 145 Losta Loop ARTICLE VII INCORPORATOR The name and address of the Incorporator is: ARMANDO TADILLA 145 Losta Loop
AUBURNPALE, FL 33823
HAGAKWAUCI, LC 22842

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
Thomas Alle -
Signature/Registered Agent Date
Signature/Registered Agent Date

Signature/Incorporator

12-16-09 Date