

P10000005782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

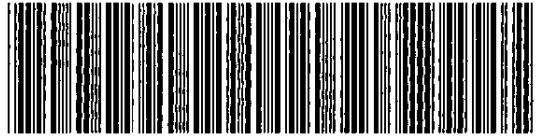
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 JAN 19 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1-21-10 RCH

## COVER LETTER

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

SUBJECT: ENERGY BEEK DIST 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: William A. Colvin  
Name (Printed or typed)

1604 ABACO DR-D-2  
Address

COCONUT CREEK, FLORIDA 33066  
City, State & Zip

954-971-1678  
Daytime Telephone number

BC1604@BELL SOUTH.NET  
E-mail address: (to be used 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)

**ARTICLE I NAME**

The name of the corporation shall be: **ENERGY GEEK DIST INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is: **1604 ABARO DR D-2  
COCONUT CREEK, FL 33066**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **TO SELL ENERGY SAVING PRODUCTS  
(ELECTRICAL) NO MANUFACTURING  
NO STORAGE**

**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): **WILLIAM A. COLVIN - PRES / AGENT  
1604 ABARO DR D-2 COCONUT CREEK, FL 33066  
SUSAN M. COLVIN SEC / TREASURER  
1604 ABARO DR D-2 COCONUT CREEK, FL 33066**

**ARTICLE VI REGISTERED AGENT**

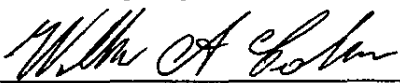
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
**WILLIAM A. COLVIN - 1604 ABARO DR D-2  
COCONUT CREEK, FL 33066**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: **WILLIAM A. COLVIN - 1604 ABARO DR D-2  
COCONUT CREEK, FL 33066**

\*\*\*\*\*

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

**1-7-10**

Date

**1-7-10**

Date

COPY

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10 JAN 19 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA