

PI000087280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

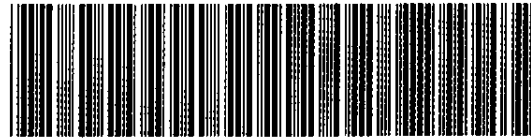
(Business Entity Name)

(Document Number)

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

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FILED  
2810 OCT 25 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10-26-10  
WC

## COVER LETTER

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

SUBJECT: JL Power Systems, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Joseph Langone

Name (Printed or typed)

3625 Asbury Trace Drive

Address

Green Cove Springs, FL 32043

City, State & Zip

(904) 282-8909

Daytime Telephone number

JLPowerSystems@Hotmail.com

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**

JL Power Systems, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3625 Asbury Trace Drive  
Green Cove Springs, FL 32043

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This corporation will be a professional corporation and a for-profit business entity. This business entity will qualify for "S Corp" status, as per IRS guidelines.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 (One Hundred)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Joseph Langone, President  
Address: 3625 Asbury Trace Drive  
Green Cove Springs, FL 32043

Name and Title: Christine Seymour, Secretary  
Address: 5219 Beige Street  
Jacksonville, FL 32258

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Joseph Langone  
Address: 3625 Asbury Trace Drive  
Green Cove Springs, FL 32043

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joseph Langone  
Address: 3625 Asbury Trace Drive  
Green Cove Springs, FL 32043

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

Joseph Langone  
Required Signature/Registered Agent

10-19-10  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Joseph Langone  
Required Signature/Incorporator

10-19-10  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 OCT 25 AM 10:30

FILED