

P110000035247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

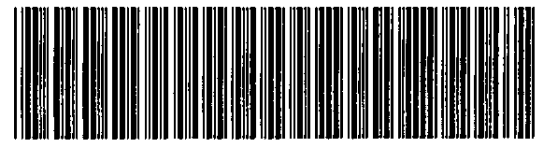
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Holly **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT name
DATE 4/19/11
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR -8 PM 3:35

APPROVED
AND
FILED

WJ

COVER LETTER

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

SUBJECT: E-mpower IT, 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: Holliday Linck

Name (Printed or typed)

316 Thomasdale Avenue

Address

Haines City, FL 33844

City, State & Zip

(863)944-4193

Daytime Telephone number

holli.linck@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2011

HOLLIDAY LINCK
316 THOMASDALE AVE
HAINES CITY, FL 33844

SUBJECT: E-MPOWER IT, INC.
Ref. Number: W11000016589

We have received your document for E-MPOWER IT, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason
Regulatory Specialist II

Letter Number: 011A00007123

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: E-mpower IT Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
316 Thomasdale Avenue
Haines City, FL 33844

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide information technology solutions for home or office.

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher Linck, President
Address: 316 Thomasdale Avenue
Haines City, FL 33844

Name and Title: Holliday Linck, Vice President
Address: 316 Thomasdale Avenue
Haines City, FL 33844

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: Holliday Linck
Address: 316 Thomasdale Avenue
Haines City, FL 33844

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christopher Linck
Address: 316 Thomasdale Avenue
Haines City, FL 33844

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AND
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Holliday Linck
Required Signature/Registered Agent

3/14/11
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.

Christopher Linck
Required Signature/Incorporator

3-14-11
Date