

P11000041979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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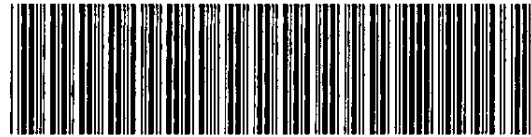
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
5/2

## COVER LETTER

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

SUBJECT: Optimum Energy 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: Astrid Quintanilla  
Name (Printed or typed)  
3960 N. 56<sup>th</sup> Ave #105  
Address  
Hollywood FL 33021  
City, State & Zip  
305-917-5592  
Daytime Telephone number  
astridjustin@gmail.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**

The name of the corporation shall be: Optimum Energy Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
3960 N. 56th Ave #105  
Hollywood FL  
33021

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

A professional Retail of energy equipment

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Astrid Quintanilla  
Address: President  
P.O. Box 816416  
Hollywood FL 33081

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

Name and Title: Dennis Mendez  
Address: Manager  
P.O. Box 816416  
Hollywood FL 33081

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: Astrid Quintanilla  
Address: 3960 N. 56th Ave #105  
Hollywood FL 33021

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Astrid Quintanilla  
Address: P.O. Box 816416  
Hollywood FL 33081

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

A. Quintanilla

Required Signature/Registered Agent

4/20/11

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.

A. Quintanilla

Required Signature/Incorporator

4/20/11

Date

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