

PI10000043590

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SC  
5-6-11

## COVER LETTER

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

SUBJECT: Pure Organic 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: Shawn Pierre Pierre  
Name (Printed or typed)

990 Biscayne Blvd, Office 503  
Address

Miami, Florida 33132  
City, State & Zip

(305) 301-0740  
Daytime Telephone number

Spierreierre@yahoo.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: Pure Organic Energy, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
990 Biscayne Blvd office 501  
Miami, FL 33132

Mailing address, if different is:  
990 Biscayne Blvd office 503  
Miami, FL 33132

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Shawn Pierre Pierre (P)  
Address: 69 N.W. 45 St  
Miami, FL 33127

Name and Title: Samuel Pierre (VP)  
Address: 5526 N.W. Miami Ct  
Miami, FL 33127

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

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

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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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: Shawn Pierre Pierre  
Address: 69 N.W. 45 St  
Miami, FL 33127

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Shawn Pierre Pierre  
Address: 69 N.W. 45 St  
Miami, FL 33127

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

Shawn Pierre Pierre  
Required Signature/Registered Agent

April 30, 2011  
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.

Shawn Pierre Pierre  
Required Signature/Incorporator

April 30, 2011  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304