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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
THE POWERPLACE CORP.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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Corporate Filing Menu

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RECEIVED
11 JUN 30 PM 1:13
DIVISION OF CORPORATIONS

11 JUN 30 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

VH



June 16, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: THE POWER PLACE CORP.
REF: W11000032752

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L04000068610(POWERS PLACE, LLC.

Please return the corrected original and one copy of 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) 245-6924.

Sharon Collins
Regulatory Specialist II
New Filing Section

FAX Aud. #: E11000159647
Letter Number: 811A00014717

P.O BOX 6327 - Tallahassee, Florida 32314

APPROVED
AND
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H11000159647

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

11 JUN 30 AM 9:47

ARTICLE I NAME

The name of the corporation shall be:

Showy Industries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

**16600 NW 54TH AVE, STE 7
MIAMI GARDENS, FL 33014**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: **100 @ 1.00 PAR VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **P- DAVID PRESAS**

Address: **16600 NW 54TH AVE, STE 7
MIAMI GARDENS, FL 33014**

Name and Title: _____

Address: _____

Name and Title: **VP- MONTSERRAT SANCHEZ**

Address: **16600 NW 54TH AVE, STE 7
MIAMI GARDENS, FL 33014**

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: **DAVID PRESAS**

Address: **16600 NW 54TH AVE, STE 7
MIAMI GARDENS, FL 33014**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **DAVID PRESAS**

Address: **16600 NW 54TH AVE, STE 7
MIAMI GARDENS, FL 33014**

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

Required Signature/Registered Agent

06-15-2011

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.

Required Signature/Incorporator

06-15-2011

Date

H11000159647