

P11000087774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

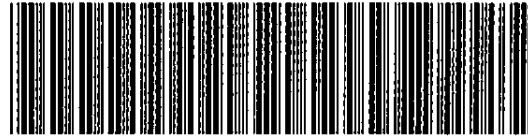
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 OCT -5 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/05/11 OCT 8 2011

COVER LETTER

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

SUBJECT: Utility Savers, 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: William Davis

Name (Printed or typed)

445 Delmar Ter., S, Ste. 2

Address

St. Petersburg, FL 33701

City, State & Zip

(727) 892-3334

Daytime Telephone number

bd@utilitysaverson.com

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

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

Monday, October 3, 2011

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Florida Limited Liability Company UTILITY SAVERS, LLC Filing Information
Document Number L02000004845
FEI/EIN Number 611430763
Date Filed 02/28/2002
State FL
Status INACTIVE
Last Event ADMIN DISSOLUTION FOR ANNUAL REPORT
Event Date Filed 09/23/2011

To Whom It May Concern:

The above LLC was Administratively Dissolved. I have no intention to reinstate Utility Savers LLC. Please release this name for immediate use.

Sincerely yours,

A handwritten signature in black ink, appearing to read "William L. Davis". The signature is fluid and cursive, with a large initial "W" and a stylized "L. Davis".

William L. Davis, MGRM
445 DELMAR TERR S, SUITE 2
ST. PETERSBURG FL 33701 US

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

ARTICLE I NAME Utility Savers, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
445 Delmar Ter. S., Ste 2
St. Petersburg, FL 33701

Mailing address, if different is:
PO Box 55488
St. Petersburg, FL 33732-5488

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Davis, PSD
Address: 445 Delmar Ter. S., Ste 2
St. Petersburg, FL 33701

Name and Title: _____
Address: _____

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:

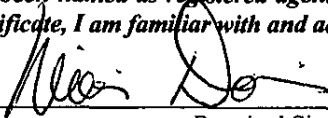
Name: William Davis
Address: 445 Delmar Ter. S., Ste 2
St. Petersburg, FL 33701

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William Davis
Address: 445 Delmar Ter. S., Ste 2
St. Petersburg, FL 33701

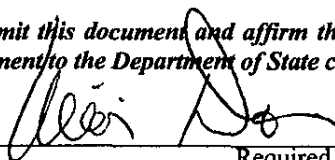
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/3/2011
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

10/3/2011
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA