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D

## COVER LETTER

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

SUBJECT: E-POD 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: Mr. Thomas E. Audit, PE  
Name (Printed or typed)

18100 NW 149 Place  
Address

Alachua, FL 32615  
City, State & Zip

352 214-7300  
Daytime Telephone number

tomaudit@windstream.net  
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: E-POD Energy, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

18100 NW 149 Place  
Alachua, FL 32615

Mailing address, if different is:

PO Box 562  
Alachua, FL 32615

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Research and development of solar energy devices, use of  
power on demand, and alternate power storage.  
Energy converted from many different natural forms to electrical  
shaft work output.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000

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

Name and Title: Tom E. Audit, President  
Address: 18100 NW 149 Place  
Alachua, FL 32615

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

Name and Title: Mark Coughlin - Director  
Address: 1330 NW 107 Terrace  
Gainesville, FL 32606

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

Name and Title: Michael Baldwin - Director  
Address: 525 NW 80 BLVD  
Gainesville, FL 32607

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: TOM E. AUDIT  
Address: 18100 NW 149 Place  
Alachua, FL 32615

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mark Coughlin  
Address: 1330 NW 107 Terrace  
Gainesville, FL 32606

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

Tom E. Audit

Required Signature/Registered Agent

11/25/2011  
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.

Mark Coughlin

Required Signature/Incorporator

11/25/2011  
Date