

P/2000027205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

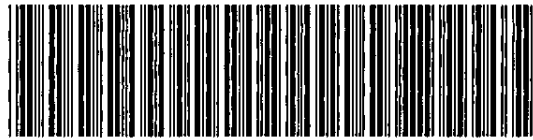
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000224028950

03/19/12--01029--007 **78.75

FILED
12 MAR 19 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 03/20/12

COVER LETTER

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

SUBJECT: Power Swap, 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: **Ronald J. Long**

Name (Printed or typed)

4820 NE 18th Terrace

Address

Fort Lauderdale, Florida 33308

City, State & Zip

954-829-1350

Daytime Telephone number

vpowellfbm@aol.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 Power Swap, Inc.
The name of the corporation shall be;

ARTICLE II PRINCIPAL OFFICE
Principal street address: 4820 NE 18th Terrace
Fort Lauderdale, Florida 33308
Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
installation and maintenance of back up battery systems

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Ronald J. Long, President/Secretary Name and Title: _____
Address: 4820 NE 18th Terrace Address: _____
Fort Lauderdale, Florida 33308
Name and Title: Vicki Powell, Vice President/Treasurer Name and Title: _____
Address: 4820 NE 18th Terrace Address: _____
Fort Lauderdale, Florida 33308
Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Vicki Powell
Address: 4820 NE 18th Terrace
Fort Lauderdale, Florida 33308

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Ronald J. Long
Address: 4820 NE 18th Terrace
Fort Lauderdale, Florida 33308

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

Vicki Powell
Required Signature/Registered Agent

3/14/12
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.

Ronald J. Long
Required Signature/Incorporator

3/14/2012
Date

FILED
12 MAR 19 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA