

P12000058959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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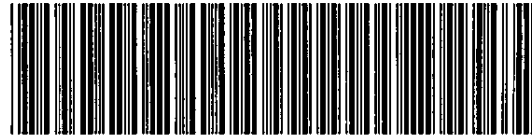
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL -2 PM 4:14

7/3/12

COVER LETTER

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

SUBJECT: PERFORMANCE LIFTING SYSTEMS, 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: LARRY SLIVINSKI C/O AERIAL RIGGING
Name (Printed or typed)

2944 DRANE FIELD ROAD
Address

LAKELAND, FLORIDA 33811
City, State & Zip

863-607-9100 EXT 222
Daytime Telephone number

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

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

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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: **PERFORMANCE LIFTING SYSTEMS, INC.**

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2944 DRANE FIELD ROAD
LAKE LAND, FLORIDA 33811

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Mailing address, if different is:
PO BOX 7340
LAKE LAND, FLORIDA 33807-7340

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: **100 (ONE HUNDRED)**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL WIENER - PRES & DIRECTOR	Name and Title: _____
Address: 2944 DRANE FIELD ROAD	Address: _____
LAKE LAND, FLORIDA 33811	_____

Name and Title: STEVEN SHAW - VICE PRESIDENT	Name and Title: _____
Address: 5690 FALCON BLVD	Address: _____
COCOA, FLORIDA 32927	_____

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:

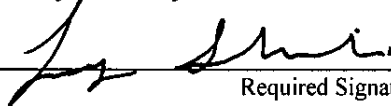
Name: **LARRY SLIVINSKI**
Address: **2944 DRANE FIELD ROAD**
LAKE LAND, FLORIDA 33811

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: **LARRY SLIVINSKI**
Address: **2944 DRANE FIELD ROAD**
LAKE LAND, FLORIDA 33811

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

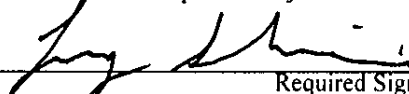


Required Signature/Registered Agent

JUNE 28, 2012

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

JUNE 28, 2012

Date