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13 JUL 31 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

18th AUG 5 2013

*pro*

## COVER LETTER

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

SUBJECT: **Powers Home Services, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: **Carol A Powers**

Name (Printed or typed)

**224 Cecilia Court**

Address

**Saint Augustine, FL 32086**

City, State & Zip

**770-853-8915**

Daytime Telephone number

**c2powers@bellsouth.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: Powers Home Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

224 Cecilia Court

Saint Augustine, FL 32086

**ARTICLE III PURPOSE**

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

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TALLAHASSEE, FL 32302

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Carol A Powers, Pres/Sec/VP

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

Address 224 Cecila Court

Address: \_\_\_\_\_

Saint Augustine, FL 32086

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

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: Carol A Powers  
Address: 224 Cecila Court  
Saint Augustine, FL 32086

**ARTICLE VII INCORPORATOR**

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

Name: Carol A Powers  
Address: 224 Cecila Court  
Saint Augustine, FL 32086

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TALLAHASSEE, FLORIDA

*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*

Carol A Powers

Required Signature/Registered Agent

7/27/2013

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.*

Carol A Powers

Required Signature/Incorporator

7/27/2013

Date