

P13000075871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

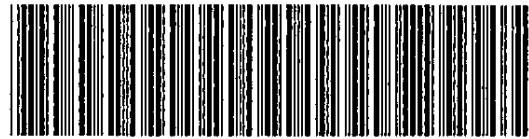
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 9/16/13

COVER LETTER

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

SUBJECT: SOLARTECKNOWS 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: JOHNATHAN PETERSON

Name (Printed or typed)

5208 PINE LEVEL RD.

Address

ONA, FL. 33865

City, State & Zip

941-227-2881

Daytime Telephone number

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:

SOLARTECKNOWS INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

5208 PINE LEVEL RD.

ONA, FL. 33865

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Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**THIS CORPORATION IS ORGANIZED FOR ANY ACTIVITIES
OR BUSINESS PERMITTED UNDER THE LAWS OF THE
UNITED STATES AND THE STATE OF FLORIDA**

ARTICLE IV SHARES

200 SHARES AT \$1 PER SHARE
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **JOHNATHAN PETERSON PRES.**

Address: **5208 PINE LEVEL RD.**

ONA, FL. 33865

Name and Title: **JEFF PETERSON VP.**

Address: **5208 PINE LEVEL RD.**

ONA, FL. 33865

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: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

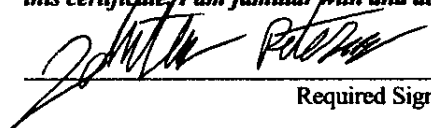
Name: JOHNATHAN PETERSON
Address: 5208 PINE LEVEL RD.
ONA, FL. 33865

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHNATHAN PETERSON
Address: 5208 PINE LEVEL RD.
ONA, FL. 33865

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

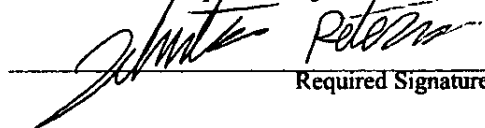


Required Signature/Registered Agent

8/26/2013

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.



Required Signature/Incorporator

8/26/2013

Date