

P13000080239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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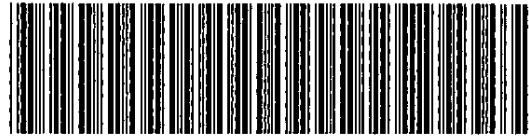
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 27 PM 1:15

PS 9/30/13

## COVER LETTER

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

**SUBJECT: TESLA SOLUTIONS, 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: ADALBERTO HERDE**

Name (Printed or typed)

**17024 NW 10TH STREET**

Address

**PEMBROKE PINES, FL 33028**

City, State & Zip

**(954) 709-4725**

Daytime Telephone number

**aherde@att.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)

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DIVISION OF CORPORATIONS

**ARTICLE I NAME** TESLA SOLUTIONS, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

13 SEP 27 PM 1:15  
Mailing address, if different is: \_\_\_\_\_

7547 W 24TH AVE, SUITE 200  
HIALEAH; FL 33016  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ELECTRICAL CONSULTANT, MAINTENANCE AND REPAIRS.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: ADALBERTO HERDE/ PRESIDENT  
Address: 17024 NW 10TH STREET,  
PEMBROKE PINES, FL 33028  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

(conti.)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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: ADALBERTO HERDE  
Address: 17024 NW 10TH STREET,  
PEMBROKE PINES, FL 33028

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ADALBERTO HERDE  
Address: 17024 NW 10TH STREET,  
PEMBROKE PINES, FL 33028

*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*

Adalberto Herde / ADALBERTO HERDE  
Required Signature/Registered Agent

9/15/13  
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.*

Adalberto Herde / ADALBERTO HERDE  
Required Signature/Incorporator

9/25/13  
Date