

P13000080340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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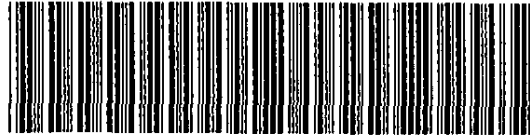
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRB  
9/30/13

119265

## COVER LETTER

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

**SUBJECT:** Tri-Power Enterprises Incorporated  
(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

|  |  |
|--|--|
| <input type="checkbox"/> \$78.75<br>Filing Fee<br>& Certified Copy | <input checked="" type="checkbox"/> \$87.50<br>Filing Fee,<br>Certified Copy<br>& Certificate of<br>Status |
| <b>ADDITIONAL COPY REQUIRED</b>                                    |  |

**FROM:** Tanya Royal  
Name (Printed or typed)  
198- 7th Street NW  
Address  
Moore Haven, FL 33471  
City, State & Zip  
251-214-1156  
Daytime Telephone number  
tri\_powerinc@yahoo.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** Tri-Power Enterprises Incorporated  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address

198-7th Street NW  
Moore Haven, FL 33471

Mailing address, if different is:

P.O. Box 404  
Moore Haven, FL 33471

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in transaction of all lawful business  
for which corporations may be incorporated under the provisions of the  
Florida Business Corporations Act.

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

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

Name and Title: Tanya Royal-Director  
Address: P.O. Box 404  
Moore Haven, FL  
33471

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

(cont.)

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

Name and Title: 13 SEP 27 PM 4: 37

Address \_\_\_\_\_

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: \_\_\_\_\_

Tanya Royal

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

198-7th Street NW

Moore Haven, FL 33471

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_

Tanya Royal

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

P.O. Box 404

Moore Haven, FL 33471

*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*

Tanya Royal  
Required Signature/Registered Agent

9-24-13  
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.*

Tanya Royal  
Required Signature/Incorporator

9-24-13  
Date