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(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

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COVER LETTER

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

SUBJECT: I POWEY STAT LINK INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an orig	inal and one (1) copy of the art \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		

FROM: Michael L VALENTINE Name (Printed or typed)
2041 NE SIST CT # A
Fort Auderdale Fl 33308 City, State & Zip
561-929-2514 (c) 954-635-2567 (H) Daytime Telephone number
Mickey & Mickey / Alentine, 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 II	Principal street address		Mailing address, if different i	s:
7041 NE	51st C+ #A	N	1/A /	
	uderdale, Fl 333c)8 <u> </u>		
ARTICLE III The purpose for	PURPOSE which the corporation is organized is:	111 things	legA/	
				14 F
				5
****				<u>්</u>
				7
				ڥ
				9
The number of sh	SHARES nares of stock is: 50,000,000	<u></u>		
The number of sh	INITIAL OFFICERS AND/OR DIRE	Name and T	itle:	
The number of shaper of sh	INITIAL OFFICERS AND/OR DIRE INITIA	Name and T		
ARTICLE V Name a Address	INITIAL OFFICERS AND/OR DIRE INITIA	Name and Ti A Address: 1 33308		
ARTICLE V Name a Address	INITIAL OFFICERS AND/OR DIRE INITIA	Name and To Address: 33 208		
ARTICLE V Name a Address	INITIAL OFFICERS AND/OR DIRE INITIA	Name and To Address: 33 208	itle:	

Name ar	d 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:	Michael L. Valentine						
Address:	2041 NE SIST C+ #A						
	Bet Landerdale, F1 33308						
ARTICLE VII	INCORPORATOR						
The <u>name and address</u> of the Incorporator is:							
Name:	Michael L. Valentine						
Address:	2041 NE SIST P. + # A						
	Part Laudadole, H 333	08					
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							
25	Required Signature/Registered Agent		2/13/2014				
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.							
IL VI	Required Signature/Incorporator		2/13/2014 Date				