

P14000055375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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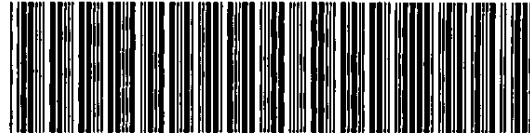
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 23 PM 3:21

4/25/14

COVER LETTER

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

SUBJECT: Power N Service, 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: Pablo Arnaldo Nunez
Name (Printed or typed)
6471 Cowpen Road J102
Address
Miami Lakes, FL 33014
City, State & Zip
305-4929811
Daytime Telephone number
pndiesel@hotmail.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

The name of the corporation shall be: Power N Service, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6471 Cowpen Road J102

Miami Lakes, Fl 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales and technical support of power equipment

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pablo A. Nunez-President

Name and Title: _____

Address 6471 Cowpen Road J102

Address: _____

Miami Lakes, Fl 33014

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: Pablo A. Nunez
Address: 6471 Cowpen Road J102
Miami Lakes, FI 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pablo A. Nunez
Address: 6471 Cowpen Road J102
Miami Lakes, FI 33014

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

Pablo A. Nunez
Required Signature/Registered Agent

June 19, 2014
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.

Pablo A. Nunez
Required Signature/Incorporator

June 19, 2014
Date