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Florida Department of State
Division of Corporations
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To: Division of Corporations
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
POWERCONNECTOR SPECIALTIES, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
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12/02/04

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:

POWERCONNECTOR SPECIALTIES, INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

14954 SW 64 ST
MIAMI, FL 33193

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ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

ALFREDO F ARIAS (PRESIDENT)
ALFRED L ARIAS (VICE-PRESIDENT)
LOURDES F ARIAS (CFO)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ALFREDO F ARIAS
14954 S.W. 64 ST
Miami FL 33193

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

ALFREDO F ARIAS
14954 S.W. 64 ST
Miami FL 33193

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Required Signatures:

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

Alfred F. Davis

Registered Agent

12/1/14

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.

Alfred F. Davis

Incorporator

12/1/14

Date

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REGISTRATION DIVISION
TALLAHASSEE, FLORIDA

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