

P15000064633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100275496321

07/29/15--01006--006 **87.50

FILED
15 JUL 29 AM 7:39
TALLAHASSEE, FLORIDA

P.

JUL 31 2015

R. WHITE

COVER LETTER

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

SUBJECT: Energy Control 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 ☐ \$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: Edward J Haugstatter

Name (Printed or typed)

101 Winchester Ave

Address

Interlachen FL 32148

City, State & Zip

904-759-9132

Daytime Telephone number

enrgyctrl@netscape.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)

ARTICLE I NAME

The name of the corporation shall be: Energy Control Solutions Inc

FILED

15 JUL 29 AM 7:39

ARTICLE II PRINCIPAL OFFICE

Principal street address

101 Winchester Ave

Interlachen FL 32148

Mailing address, if different is:

TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful activity for which corporations may be
incorporated in this state

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edward J Haugstatter President

Address: 101 Winchester Ave

Interlachen FL 32148

Name and Title: Edward J Haugstatter Treasurer

Address: 101 Winchester Ave

Interlachen FL 32148

Name and Title: Taylor E Haugstatter Secretary

Address: 101 Winchester Ave

Interlachen FL 32148

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Edward J Haugstatter _____

Address: 101 Winchester Ave _____

Interlachen FL 32148 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Edward J Haugstatter _____

Address: 101 Winchester Ave _____

Interlachen FL 32148 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

7/27/2015
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.


Required Signature/Incorporator

7/27/2015
Date