

PIS OWN 86545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

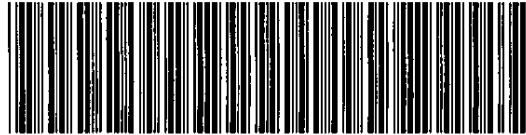
Special Instructions to Filing Officer:

Per conversation with
Mr. Durham he would
apply for credit card
refund.

Office Use Only

OCT 21 2015

T. SCOTT



400277885594

10/12/15--01030--029 **87.50

FILING CANCELLED
RETURNED CHECK

15 OCT 12 AM 8:00

COVER LETTER

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

SUBJECT: THE POWERHOUSE FOUNDATION 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

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

FROM: Cornlithianl Durham

Name (Printed or typed)

P.O Box 697

Address

West Palm beach Fl 33402

City, State & Zip

561-544-2888

Daytime Telephone number

lmchapel@aol.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: THE POWERHOSE FOUNDATION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

505 Flager Drive

West Palm Beach Fl 33401

Mailing address, if different is:

P.o. Box 697

WEst palm Beach Fl 33402

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Do all lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 100

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RETURNED CHECK**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CORN LITHIAN L DURHAM P-S-T

Address 505 Flager Drive

West Palm Beach Fl 33401

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

15 OCT 12 AM 8:00

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: Kris Lambury _____

Address: 505 Flager Drive _____

West palm Beach Fl 33401 _____

ARTICLE VII INCORPORATOR

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

Name: Kris Lambury _____

Address: 505 Flager Drive _____

West Plam Beach Fl 33401 _____

**FILING CANCELLED
RETURNED CHECK**

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/15/2015 _____ (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

10/8/15

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

10/8/15

Date