P16000026079

| (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: | | | | |
| | | | | |
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RECKETABY 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: Zolair A | Alternative Energy Corp. | | |
|-------------------------|--|-------------------------------------|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| | · • | | |
| Enclosed are an orig | ginal and one (1) copy of the ar | ticles of incorporation an | d a check for: |
| □ \$70.00 Filing Fee | ■ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| | | ADDITIONAL CO | PY REQUIRED |
| FROM: | Nam D Box 218 | e (Printed or typed) | |
| | | Address | · · · · · · · · · · · · · · · · · · · |
| Da | nia, FL 33004 | | |
| | City | , State & Zip | |
| 954 | 1-258-7238 | | |
| arec | Daytime Daytime Payerslv@y/ahoo.com | Telephone number | |
| - | E-mail address: (to be use | ed for future annual report | notification) |

NOTE: Please provide the original and one copy of the articles.

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

| | Zolair Alternative Energy Cration shall be: | | |
|--|--|-------------------------------------|-------------------------------|
| 1000 S W 11th Aven | Principal street address | Mailing add P O Box 218 | dress, if different is: |
| Hallandale, FL 33009 | | Dania, FL 33004 | |
| | | | |
| ARTICLE III PUR The purpose for which | POSE Alternation is organized is: | ve Energy Development | |
| | | | |
| | | | 16 SE TALI |
| ARTICLE IV SHA | <u>RES</u> 5,000,000 | | MAR 15 CALTARY LAHASSE |
| | | | |
| ARTICLE V INIT | IAL OFFICERS AND/OR DIRECTORS | Name and Title | PN 4: OF STA E. FLOR |
| ARTICLE V INIT | IAL OFFICERS AND/OR DIRECTORS tle: Steven E. Bryant, Chairman 111 N W 32nd Court | Name and Title: Address: | PN 4: OF STA E. FLOR |
| ARTICLE V INIT Name and Ti | tle: Steven E. Bryant, Chairman | | PN 4: OF STA E. FLOR |
| <u>4<i>RTICLE V INIT</i></u> Name and Ti | tle: Steven E. Bryant, Chairman 111 N W 32nd Court Pompano Beach, FL 33064 | Address: | PN 4: 50 OF STATE E. FEORIDA |
| ARTICLE V INIT Name and Ti Address | tle: Steven E. Bryant, Chairman 111 N W 32nd Court Pompano Beach, FL 33064 | Address: | PN 4: 50 OF STATE E. FEORIDA |
| ARTICLE V INIT Name and Ti Address Name and Tit | IAL OFFICERS AND/OR DIRECTORS Steven E. Bryant, Chairman 111 N W 32nd Court Pompano Beach, FL 33064 Alfred Reeves, Treasurer P O Box 218 Dania, FL 33004 | Address: | PN 4: 50 OF STATE E. FEORIDA |
| Name and Ti Address Name and Tit Address | tle: Steven E. Bryant, Chairman 111 N W 32nd Court Pompano Beach, FL 33064 Alfred Reeves, Treasurer P O Box 218 | Address: Name and Title: Address: | PN 4: 50 OF STATE E. FEORIDA |

| Name a | ind Title: | Name and Title: |
|---|---|---|
| Addres | ss | Address: |
| | | |
| | | |
| | <u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptab | le) of the registered agent is: |
| Name: | Alfred Reeves | |
| Address: | 1000 S W 11th Ave. #7 | |
| | Hallandale, FL 33009 | |
| A DOMESTICAL COLUMN | INCORPOR (TOP | AS 16 CO |
| ARTICLE VII | <u>INCORPORATOR</u> | |
| The name and a | address of the Incorporator is: | SS 5 |
| Name: | Alfred Reeves | — E. C. |
| Address: | 1000 S W 11th Ave. #7 | PH 4: 50 CF STATE E. FLORIDA |
| | Hallandale, FL 33009 | 50 116 _A |
| Effective date, i (If an effective days after the i | filing.) | . (OPTIONAL) annot be more than five business days prior or 90 business table statutory filing requirements, this date will not be listed as |
| | effective date on the Department of State's reco | |
| | | ocess for the above stated corporation at the place designated in is registered agent and agree to act in this capacity |
| | ald Koew | March 10, 2016 |
| | Required Signature/Registered Agent | Date |
| | ocument and affirm that the facts stated herein Department of State constitutes a third degree | are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S. |
| | (am Rece | March 10, 2016 |
| Requ | unred Signature/Incorporator | Date |