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(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ity/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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COVER LETTER

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

SUBJECT:	he Power L (PROPOSED CORPORA)	Uithin JOU TENAME-MUSTINGLI	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Humberto 7 Name 3101 NW (08	Ernandez (Printed or typed) Ave. Of	Z IT B-205
	11:01-10 5	/ 221	_

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:	wer within you, ir
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
18/01 NW 68 AVE APT E	5-205
Hialah, FL 33015	
ARTICLE III _ PURPOSE The purpose for which the corporation is organized is:	of and all lawful
_Bosiness.	
	>> 30 -> 00,
	0: A
	7 ONS
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Humberto Ferrare	
Address 18101 NW 68 ave	Address:
APT B-205	
Higlesh, Fl 32	215
Name and Title:	Name and Title:
Address	Address:
Name and Title	Name and Title:
Address	
Address	

Name and Title:	Name and Title:
Address	Address:
	<u> </u>
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box	NOT acceptable) of the registered agent is:
Name: Humberto	Fernandez Fagundus #
Address: \CIDI NW	68 AVE APT B-ZOS
Higlean,	NOT acceptable) of the registered agent is: Ternandlez Fagundus 108 AVE APT B-205 P 33015
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Humber	TO Fernandez Fagundo
Address: 18101 NU	TO Fernandez Fagundo 168 AVE APT B-205
Hicleah	, FL 33015
ARTICLE VIII EFFECTIVE DATE:	
(If an effective date is listed, the date must be days after the filing.)	(OPTIONAL) s specific and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does no the document's effective date on the Department	t meet the applicable statutory filing requirements, this date will not be listed as
·	
this certificate I amfamiliar with and accept the	ept service of process for the above stated corporation at the place designated in be appointment as registered agent and agree to act in this capacity
X Sul	E/9/16
Required Signature/I	Registered Agent Date
	cts stated herein are true. I am aware that the false information submitted in a ss a third degree felony as provided for in s.817.155, F.S.
X JUL	8/9/16
Required Signature/Incorporator	Date

and the second second

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