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DIVISION OF CORPORATIONS
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h 09/20/16

COVER LETTER

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

SUBJECT: Portable Power Technologies 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: CHRIS PONSOLDT

Name (Printed or typed)

2740 SW MARTIN DOWNS BLVD SUITE 240

Address

PALM CITY FL. 34990

City, State & Zip

772-486-1903

Daytime Telephone number

chrisponsoldt@yahoo.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

Portable Power Technologies Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12469 Okeechobee Rd.

2740 SW Martin Downs Blvd. Suite 240

Ft. Pierce Fl. 34945

Palm City Fl. 34990

ARTICLE III PURPOSE

Any and all lawful purposes.

The purpose for which the corporation is organized is: _____

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ARTICLE IV SHARES

1,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRIS PONSOLDT/ PRESIDENT
Address: 2740 SW MARTIN DOWNS BLVD. #240
PALM CITY FL. 34990

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: _____
CHRIS PONSOLDT

Address: _____
2740 SW MARTIN DOWNS BLVD #240

Address: _____
PALM CITY FL. 34990

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ARTICLE VII INCORPORATOR

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

Name: _____
CHRIS PONSOLDT

Address: _____
2740 SW MARTIN DOWNS BLVD#240

Address: _____
PALM CITY FL. 34990


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

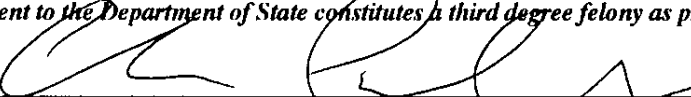


Required Signature/Registered Agent

9-15-16

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

9-15-16

Date