

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000115553 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994

: (305)444-4977 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## FLORIDA PROFIT/NON PROFIT CORPORATION **POWERNET CO**

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

Electronic Filing Menu

Corporate Filing Menu

Help

APR 2 8 2017

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

| ARTICLE I NAME                         |  |                 |  |              |
|--|--|-----------------|--|--------------|
| The name of the corpora                | tion shall be:   |                 |  | _            |
| ARTICLE II PRINC                       | CIPAL OFFICE   |                 |  |              |
|  | Principal street address                                   | 1               | Mailing address, if different is:                        |              |
| 1343 NB MIAMI CT. #                    |  | SAME            |  |              |
| MIAMI, FL 33132                        |  |                 |  |              |
|  |  |                 | <del></del>  | <del></del>  |
|  |  |                 |  |              |
|  |  |                 | <u>.</u>   |              |
| ARTICLE III PURPO                      | <u>DSE</u>   |                 | ;  |              |
| The purpose for which t                | he corporation is organized is:                            |                 |  | 7            |
| ANY AND ALL LAW                        | FUL BUSINESS   |                 | 35.77<br>  | A P II       |
| —————————————————————————————————————— |  |                 | رز رز  | $\sim$       |
|  |  |                 | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 7            |
|  |  |                 | ; Tig  | <b>=</b>     |
|  |  |                 |  | <u> </u>     |
|  |  |                 | C.F. STATE<br>OR OF                                      | ထဲ           |
|  |  |                 | <b>5</b> 7   | <del>2</del> |
|  |  |                 | <b>-€</b>  | -            |
|  |  |                 |  |              |
| <b>V</b>                               |  |                 |  |              |
| _                                      | AL OFFICERS AND/OR DIRECTORS ANTONIO F. BARRERA PADRON P/D |                 |  |              |
| Name and Title                         | ·  | Name and Title: |  |              |
| Address                                | 1343 NE MIAMI CT. #6                                       | Address:        |  |              |
| 11441011                               |  |                 | ·- ·   |              |
|  | MIAMI, FL 33132  |                 |  |              |
|  |  |                 |  |              |
|  |  |                 |  |              |
|  |  |                 |  |              |
| Name and Title:                        |  | Name and Title: |  |              |
|  |  |                 |  |              |
| Address                                |  | Address:        |  |              |
|  |  |                 |  |              |
|  |  | -               |  |              |
|  |  | ·               |  |              |
|  |  |                 |  |              |
| NT LTD's                               |  | No              |  |              |
| Name and Title:                        |  | Name and Title: |  |              |
| Address                                |  | Address:        |  |              |
|  | ·  |                 |  |              |
|  |  |                 |  |              |
|  |  |                 |  | •            |
|  | <u> </u>   |                 |  |              |

| Name a                                   | nd Title:  | Name and Title:                     |                            |
|--|--|-------------------------------------|----------------------------|
| Addres                                   | s  | Address:                            |                            |
|  |  |                                     |                            |
|  |  |                                     |                            |
|  |  |                                     |                            |
| ARTICLE VI                               | REGISTERED AGENT   |                                     |                            |
| The name and I                           | Horida street address (P.O. Box NOT acceptable)  | of the registered agent is:         |                            |
| Name:                                    | ANTONIO F. BARRERA PADRON  | <u></u>                             |                            |
| Address:                                 | 1343 NE MIAMI CT #6  |                                     |                            |
|  | MIAMI, FL 33132  | _                                   |                            |
| , w.w e. 1975                            | THEODRAN (TOR  |                                     |                            |
| ARTICLE VII                              | <u>INCORPORATOR</u>  | •                                   |                            |
| The name and a                           | ddress of the Incorporator is:   |                                     |                            |
| Name:                                    | ANTONIO F. BARREREA PADRON   | _                                   |                            |
| Address:                                 | 1343 NE MIAMI CT #6  | _                                   |                            |
|  | MIAMI, FL 33132  | <u> </u>                            |                            |
| 4 20 20 20 20 20 20 20 20 20 20 20 20 20 |  |                                     |                            |
| Effective date, if                       | EFFECTIVE DATE: fother than the date of filing:  | (OPTIONAL)                          |                            |
| (If an effective of filling.)            | date is listed, the date must be specific and cam  | not be more than five days prior or | r 90 days after the        |
|  | e inserted in this block does not meet the applicab<br>effective date on the Department of State's records |                                     | date will not be listed as |
|  | med as registered agent to accept service of proce<br>am familiar with and accept the appointment as t     |                                     |                            |
|  | ( Marsera  | 04                                  | /26/2017                   |
|  | Required Signature/Registered Agent  |                                     | Date                       |
|  | cument and affirm that the facts stated herein as<br>Department of State constitutes a third degree fel    |                                     |                            |
| (  | Barea  |                                     | W26/2017                   |
|  |  | <del></del>                         |                            |