

P19000078478

(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:

Office Use Only



800335087658

10/07/18--01044--012 \*\*180.00

FILED  
19 OCT 18 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## AFFIDAVIT

State of Florida  
County of Orange

Before me this day personally appeared Rafael Arroyo who, being duly sworn, deposes and says:

I, Rafael Arroyo, hereby release and relinquish the name of "Power Duct Engineering, LLC" (L17000182902) from the State of Florida Divisions of Corporations to be used by another entity. I have decided to form a Corporation in lieu of an LLC and would like the named released so I may obtain it again under my newly formed corporation.



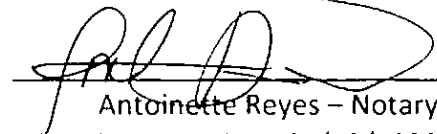
Rafael Arroyo – Affiant

Sworn to and subscribed before me this 26<sup>th</sup> day of September, 2019 by Rafael Arroyo.



ANTOINETTE REYES  
MY COMMISSION # FF 984801  
EXPIRES: May 18, 2020  
Bonded Thru Budget Notary Services

Produced FL Drivers License



Antoinette Reyes – Notary

My commission expires: 05/18/2020

## 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: POWER DUCT ENGINEERING, CORP.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2566 OAK PARK WAY

ORLANDO, FL 32822

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAFAEL ARROYO

Name and Title:

Address: 2566 OAK PARK WAY

Address:

ORLANDO, FL 32822

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: ARIES INCOME TAX PREPARATION, INC.

Address: 105 E LANCASTER RD

ORLANDO, FL 32809

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RAFAEL ARROYO

Address: 2566 AOK PARK WAY

ORLANDO, FL 32822

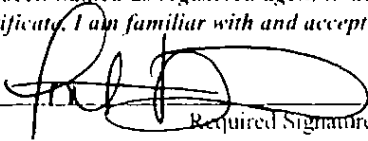
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 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.

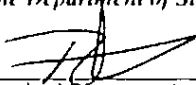
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
Required Signature Registered Agent

4/20/19  
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

9/26/19  
Date

## COVER LETTER

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

SUBJECT: POWER DUCT ENGINEERING, CORP.  
\_\_\_\_\_  
(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: ANTOINETTE REYES  
\_\_\_\_\_  
Name (Printed or typed)  
  
105 E LANCASTER RD  
\_\_\_\_\_  
Address  
  
ORLANDO, FL 32809  
\_\_\_\_\_  
City, State & Zip  
  
407-802-4615  
\_\_\_\_\_  
Daytime Telephone number  
  
ARIESITP@LIVE.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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