

10/27/2020

Division of Corporations

H20000373800 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

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
T.R. POWER INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

OCT 28 2020

T. SCOTT

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: I.R. Power 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: Benjamin Miller
Name (Printed or typed)

1441 Brickell Ave, Suite 1400

Address

Miami, FL 33131

City, State & Zip

205-374-5646

Daytime Telephone number

ben@gplawintl.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. (Profs)

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ARTICLE I NAMEThe name of the corporation shall be T.R. Power Inc.ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1441 Brickell Ave, Suite 1400, Miami, FL 33131ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any and All lawful purpose.ARTICLE IV SHARESThe number of shares of stock is: 1,000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: James Nasser, Director

Name and Title:

Address: 1441 Brickell Ave, Suite 1400

Address:

Miami, FL 33131

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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2020 OCT 27 AM 9:31
STATE
CLERK

Name and Title: _____ Name and Title: H20000373800 3
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. box NOT acceptable) of the registered agent is:

Name: George H. Perlman, P.A.
Address: 1441 Brickell Ave, Suite 1400
Miami, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Benjamin Miller
Address: 1441 Brickell Ave, Suite 1400
Miami, FL 33131

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 Date 10.26.20

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 Date 10.26.20