P21000001952

| (Re | equestor's Name) | |
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| (Ad | ldress) | |
| (Ad | ldress) | |
| (| , | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | ne) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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2021 JAN -7 AH 94 21 SECRETAL OF STATE 2001 JAN -7 PM 12: 34 REDIVER

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Stops mstops@incserv.com

850.656.7953

REQUEST DATE 1/6/2021

PRIORITY Routine

OUR REF # (Order ID#) 881501

ORDER ENTITY_

POWERHOUSE ENGINE SERVICES, INC.

| PLE/ | ASE. | PE | RFO | RM | ŢH! | E F | DLL | VO. | ĀĪЙ(| SE | RVI | CE | 5:_ |
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| | ~~~ | | ~ | | NO | | 65 | D) (| | 161 | ^ | / F1 | |

POWERHOUSE ENGINE SERVICES, INC. (FL)

Please file the attached and provide a certified copy and certificate of status as evidence.

NOTES:

\$87.50 Authorized

Email address for annual report reminders: alan@powerhousecapitalll.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

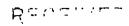
Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, January 6, 2021 Page 1 of 1





2020 JAN 11 PM 3:59

FLORIDA DEPARTMENT OF STATE ALL Division of Corporations

January 8, 2021

INCSERV

Please honey line eleperal submission date as the file dais thanks 1 1

SUBJECT: POWERHOUSE ENGINE SERVICES, INC.

Ref. Number: W21000001605

We have received your document for POWERHOUSE ENGINE SERVICES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 621A00000373

Please honor the esizinal submission date as the pile date. Thanks ! :)

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

| ceton Junction, NJ 08540 | | |
|---|---|---|
| | | |
| E corporation is organized is: _All purpose | es permitted by I | aw. |
| | | SEC 202 |
| | | A TO CA |
| | | H. |
| | | |
| | | |
| | | FI C |
| | - | Eric Engdahl, Vice President & I 16 Cardinal Drive |
| Princeton Junction, NJ 08540 | Address: _ | Princeton Junction, NJ 08540 |
| Non Brown Country & Disease | _ | |
| 46 Condinal Daise | | |
| Princeton Junction, NJ 08540 | - | |
| | - | |
| | Name and Title:_ | |
| | ck is: 1000 authorized with a par value OFFICERS AND/OR DIRECTORS Jose Leon, President & Director 16 Cardinal Drive Princeton Junction, NJ 08540 Nan Braverman, Secretary & Director | ck is: 1000 authorized with a par value of 0.01. OFFICERS AND/OR DIRECTORS Jose Leon, President & Director Name and Title: 16 Cardinal Drive Address: Princeton Junction, NJ 08540 Name and Title: 16 Cardinal Drive Name and Title: Address: |

| | i Title: | Name and Title: | |
|---------------------|---|-------------------------------------|-------------------------------------|
| ' Address | | Address: | |
| | | | <u> </u> |
| | | | |
| ARTICLE VI | REGISTERED AGENT | | |
| | orida street address (P.O. Box NOT acceptable | e) of the registered agent is: | |
| Name: | Incorporating Services, Ltd. | | SF 2 |
| Address: | 1540 Glenway Drive | | ZWI JAM SECKET TALLA |
| | Tallahassee, FL 32301 | | LAH - |
| ARTICLE VII | INCORPORATOR | | IORETARY OF STAT TALLAHASSEE, FL |
| The name and ad | dress of the Incorporator is: | | |
| Name: | Alan Braverman | | FAIE |
| Address: | 16 Cardinal Drive | - | |
| | Princeton Junction, NJ 08540 | | |
| ARTICLE VIII | EFFECTIVE DATE; | | |
| Effective date, if | other than the date of filing: | | |
| (II an effective of | ate is listed, the date must be specific and c | annot be more than live days p | nor or 90 days after the |
| Note: If the date | inserted in this block does not meet the applic | cable statutory filing requirements | s, this date will not be lis |
| the document's e | ffective date on the Department of State's reco | ords. | |
| | ned as registered agent to accept service of proc | | |
| certificate, I am f | amiliar with and accept the appointment as req | gistered agent and agree to act in | his capacity |
| 1/10/ | LIDSA J. War | | 1/7/21 |
| 1 | Required Signature/Registered Agent | | Date |
| | ument and affirm that the facts stated herein Department of State constitutes a third degree j | | |
| uncument to pite | | | |