

P21000057794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

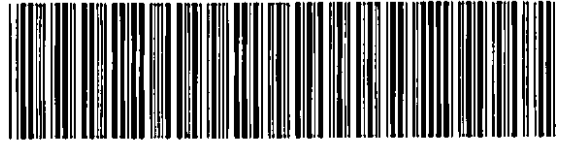
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



700368014247

2021 JUN 18 PM 1:01

TALLAHASSEE, FL

RECEIVED

2021 JUN 18 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 6/18/2021

****WALK IN****

ENTITY NAME RESIDENTIAL SOLAR NETWORK, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70.00

ACCOUNT #: 120160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

FILED

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

2021 JUN 18 AM 10:05

ARTICLE I NAME

The name of the corporation shall be: Residential Solar Network, Inc.

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

24301 Walden Center Drive, Suite 300

Bonita Springs, FL 34134

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: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vincent Paul Grant - D, P, VP, S, T

Name and Title: _____

Address: 533 7th St. NW

Address: _____

Naples, FL 34120

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

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: MyCompanyWorks, Inc.
Address: 625 E. Twiggs St., Ste. 1000
Tampa, FL 33602

ARTICLE VII INCORPORATOR

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

Name: Ed Tsuji
Address: 187 E. Warm Springs Rd., Ste. B
Las Vegas, NV 89119

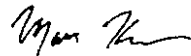
ARTICLE VIII EFFECTIVE DATE:

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



Mathew Knee, President of MyCompanyWorks, Inc.

06/18/2021

Required Signature/Registered Agent

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.



06/18/2021

Required Signature/Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUN 18 AM 10:05

FILED