

P21000089526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

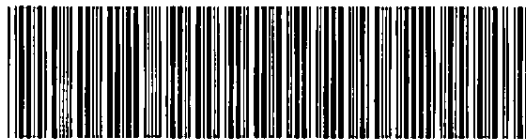
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 14 2021

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COVER LETTER

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

SUBJECT: Voltage Pro Solar & Electric, 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 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Brenda Probasco
Name (Printed or typed)

1099 52nd St. S
Address

Gulfport FL, 33707
City, State & Zip

609-647-2421
Daytime Telephone number

probasco.brenda@gmail.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. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Voltage Pro Solar & Electric, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
462 Martin Rd. SE, Suite 105
Palm Bay FL 32909

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful
activity for which corporations may be
incorporated in this state.

ARTICLE IV SHARES

The number of shares of stock is: 100 - 51 Kenwin A. Logan - 49 Brenda Probasco
At \$ 0.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kenwin Anthony Logan
Address: President
1605 Santos St. Apt. A
SE Palm Bay 32909

Name and Title: Brenda Probasco
Address: Secretary / Treasurer
1099 52nd St. S.
Gulfport, FL 33707

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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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: Brenda Probasco

Address: 1099 S 2nd St S.

Gulfport FL 33707

ARTICLE VII INCORPORATOR

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

Name: Kenwin Anthony Logan

Address: 1605 Santos St. Apt. A

SE Palm Bay FL 32909

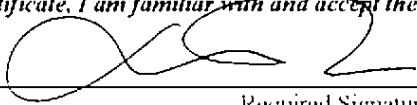
ARTICLE VIII EFFECTIVE DATE:

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

Brenda Probasco

10/8/2021

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.

Kenwin Logan

Required Signature/Incorporator

Kenwin Logan

10/8/2021

Date

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NOTARIZED