# P22000031830

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### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



#### **ORDER FORM**

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 Moreau mmoreau@incserv.com

850.656.7953

REQUEST DATE 4/28/2022

**PRIORITY** Regular Approval

OUR REF\_#\_(Order\_ID#) 1032497

ORDER ENTITY\_\_\_\_\_NET-ZERO POWER, INC

P	LE	AS	E P	ER	FO	RM	<u>TH</u>	Εf	FOL	.LC	)W	IN	G	SE	R۱	ЛС	:ES	
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NET-ZERO POWER, INC. (FL)

New corp filing

NOTES:

\$70.00 Authorized

Email address for annual report reminders: masv35@ao1.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.

Thursday, April 28, 2022 Page 1 of 1

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

ARTICLE I NAME The come of the corpor	nation shall be: NET-ZERO	POWER,	INC
	CIPAL OFFICE  * Principal street solitors		8, if different is:
	33020	<del></del>	
ARTICLE III PURI The purpose for which	the corporation is organized is: ALLIE	GAL PUR	POSES
			7027 TA
			ZODE L
			ASSE 79 1
ARTICLE IV SHA			H L. LS
ARTICLE V INIT	IAL OFFICERS AND/OR DIRECTORS		
Name and Tr	STEVEN HARO, CEO No.	me and Title:	
Address	3700 N. 29TH AVE	dress:	
	HOW WOOD, FL.	· · · <del>- · · ·</del>	
Name and Tit	SVEN D. KOECHLER, PRESIDENT	ne and Title	······································
Address	3700 N. 29 TH AVEN	dreas:	
	HOLLYWOOD, FL3	3020	<del></del>
Nama and Tir	ne; MIKE WHARTON, VP	me and Title:	
Address	3900 N. 29TH AUG		
	HOLYWOOD FL		
	33020		

Name a	nd Title:	Name and Title:	
Addres		Address:	
ARTICLE VI The name and	REGISTERED AGENT Torida street address (P.O. Box NOT	acceptable) of the registered agent is:	
Name:	MARKA SCH	ARK A SCHNOLD	96 <u>8</u>
Address;	1100 LEE WA	GENER BUD.	SUITE 3
	PC LAUDER D	GENER BUD.	SEE
ARTICLE VII	INCORPORATOR	•	PR.
The name and a	ddress of the Incorporator is:		A
Name:	MARK A. SU	their esa.	PR 28 PH 4:
Address:	1100 LEE WA	TAKIDOR, ESQ.	PH 4: 45
	GUITE 32		rn Ol
4 <b>2 2 2 2</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		PRDALE, FL 3	33/5
Effective date, if	EFFECTIVE DATE; other than the date of filing:	5,2022 (OPTIONA	aL)
(II an effective a	late is listed, the date must be specif	ic and cannot be more than five days	prior or 90 days after
Note: If the date the document's	inserted in this block does not meet to effective date on the Department of State	he applicable statutory filing requirementate's records.	ents, this date will not be
Having been na certificate, I am	ned as registered agent to accept servic familiar with and accept the appointme	e of process for the above stated corport ent as registered agent and agree to act	ntion at the place design in this capacity
			4/28/2
-	Required Signature/Registers	-	Date
I submit this document to the	rument and affirm that the facts state Department of State constitutes a third	d herein are true. I am aware that the degree felony as provided for in s.817	false information subs 155, F.S.