

P240000029587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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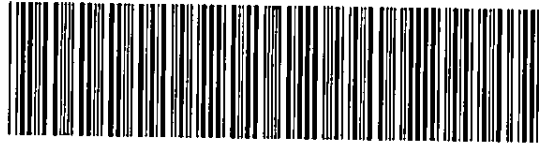
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 APR 30

AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FL

05/01/24--01003--

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2024 APR 30 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Powers Grid Resources 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: Aleena Morris  
Name (Printed or typed)

197 N 5TH ST Lake Mary  
Address

Lake Mary, Florida, 32746  
City, State & Zip

913-317-0259  
Daytime Telephone number

PowersgridresourcesINC@gmail.com  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

DEPARTMENT OF STATE  
TALLAHASSEE, FL

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**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: Power Grid Resources INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 197 N 5TH ST  
Mailing address, if different is: \_\_\_\_\_  
Lake Mary, FL, 32746

**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: 1500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Aleena Morris "P"</u>	Name and Title:	_____
Address:	<u>197 N 5TH ST</u> <u>Lake Mary, FL, 32746</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

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TALLAHASSEE, FL

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: Aleena Morris

Address: 197 N 5TH ST

Lake Mary, FL, 32746

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Aleena Morris

Address: 197 N 5TH ST

Lake Mary, FL, 32746

**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.*

Aleena Morris  
Required Signature/Registered Agent

*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.*

Aleena Morris  
Required Signature/Incorporator

Date

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CLERK OF STATE  
ALABAMA  
TALLAHASSEE, FL