Florida Department of State

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RC: 14 POWERLES INTERNAMENAL INVESTICATIONS (Name of Corporation)

 SCICID 0:1710444113 -04/25/96--01050--005 \*\*\*\*122.50

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

င္တာ Very truly yours. 20

Hi PONOMED INLESTICATIONS Name of Corporation: Inc.

MAILING ADDRESS OF CORPORATION 0111-953 PHONE (407) 336-0133 Area Code Number Ext.

## ARTICLES OF INCORPORATION

οſ POWEREDS NTER Ννέςπωατ (name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, most (s) 3

## ARTICLE I · CORPORATE NAME

The name of the corporation is: INVESTIGATIONS INC. POWERED LNTERNATIONAL

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

### **ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

#### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue <u>500</u> shares of common stock, par value \$ \_\_\_\_\_\_ per share.

#### ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS 1033 S. W.	BILTMORE STREET	•
CITY PORT St. LUCIE	FLORIDA FLORIDA	zip <b>34984</b>
Mailing address, if different		
STREET ADDRESS 1618 SW CAISO	<u>r Ave</u>	
CITY PORT ST LUCIE	FLORIDA	ZIP <b>34953</b>
ARTICLE VI - INITIAL REG	GISTERED OFFICE AND AGENT	
The street address of the initial registered office ar		
NAME CHRISTOPHER J. Gei		
ADDRESS 1618 SW. CAISOR		
CITY PORT St. LUCIE	FLORIDA	ZIP 34953

# ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have  $\underline{TMEE}$   $(\underline{3})$  directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	CHRISTOPHER	J. GRIMA	101		······································
ADDRESS	1033 S.W.	BILTMORE	STRE	-T	·····
CITY	PORT St Lu	IUE		RIDA	zip 34984-
NAME	DAVIO A.	BIRTH	·		
ADDRESS	1033 SW	BUTMORE	Stre	<u>デー</u>	
	BRT ST LUCIE		STATE 77	ORIDA	ZIP 34984-
NAME ADDRESS	Dovoro H.	Biett			
CITY	1033 SW.	Bitmore			
	ONT ST LUCI	ES	TATE $\sqrt{2}$	KIDA	ZIP 34.984-

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME ADDRESS VF CITY CORIDA STATE ICIE ZIP *3495* 3 NAME RTH ADDRESS STREE AILWOOD CITY STATE TONIDA ZIP 115 NAME RTH ADDRESS 57 CITY NRISE STATE FLOMDA ZIP 3335/ The undersigned incorporator(s) have executed these Articles of Incorporation this . 22 day of 90 10 PRES (Signature) (Signature) SEC (Signature)

## CERTIFICATE OF DESIGNATION **REGISTERED AGENT/ REGISTERED OFFICE**

Hi- POWERED INTERNATIONAL TRYESTICATIONS INC.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation ယ္က

1033 BILTMORE Su/ at \_ Res LUCIE FLURIDA has named Christopine GRIMAL

located at the aforesaid address, as its registered agent to accept service of process within this state.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

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