

67924

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.
(Requestor's Name)

3320 S.W. 87th AVENUE
(Address)

MIAMI, FLORIDA (305) 552-5973
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

See Attached for
MONEY
validation

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MICRO POWER INTERNATIONAL inc
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 200

☐ Mail out ☐ Will wait

☐ Photocopy

☒ Certified Copy

☒ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

98 AUG -4 PM 12:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

98 AUG -4 AM 11:14
DIVISION OF CORPORATION

FILED

RECEIVED

Examiner's Initials

8-25-98 7/20/98 01037 001

TRANSMITTAL LETTER

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

800002592718--9
-07/20/98--01037--001
***131.25 ***131.25

SUBJECT: COMPU-EXPRESS INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: OLGA GENDRON
Name (printed or typed)

7370 NORTH WEST 36th STREET
Address

MIAMI, FLORIDA 33166
City, State & Zip

(305) 406-9054
Daytime Telephone number

~~789, 254, 12553~~
~~m/98-16247~~

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

July 23, 1998

OLGA GENDRON
7370 NORTH WEST 36TH STREET
MIAMI, FL 33166

SUBJECT: COMPU-EXPRESS INC.
Ref. Number: W98000016747

We have received your document for COMPU-EXPRESS INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6972.

Doris Brown
Document Specialist

Letter Number: 698A00038942

August 3, 1998

Dear Mrs. Doris Brown,

This is in reference to rejection #W98000016747
We have applied for a corporation under
"Compu-Express Inc." originally but after
days of waiting for a response I have
called 1-850-4876052 and they have
told me that my application was rejected,
but that the application was lost
on the mail because their records
showed my address incomplete. The
address was missing #100E; therefore,
this application returned, is lost.
Please apply the \$131.25 fee
towards "Micro Power
International Inc." We can't wait
for this process to take longer.
If you have any questions, please
feel free to call me at:

305-4069054 work

305-4062027 " "

305-5920888 Home / message.

Thank You,
Olga Gendron.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Micro Power International Inc.

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98 AUG -4 PM 12:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7370 NW 36 Street #100-E
Miami, FL 33166

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100%

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Olga Gendron
4749 NW 97 Place
Miami, FL 33178

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

- ① Olga Gendron
4749 NW 97 Place
Miami, FL 33178
- ② Gabriel Martinez
4749 NW 97 Place
Miami, FL 33178

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

- Incorporation is (are):
- ① Olga Gendron - President
4749 NW 97 Place
Miami, FL 33178
 - ② Gabriel Martinez - President
4749 NW 97 Place
Miami, FL 33178

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 3 day of August, 1998.

Olga Anderson

Signature

~~Signature~~

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Micro Power International Inc.

2. The name and address of the registered agent and office is:

Olga Gendron
(NAME)
4749 NW 97 Place
(P.O. BOX NOT ACCEPTABLE)
Miami, FL 33178
(CITY/STATE/ZIP)

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.

SIGNATURE

Olga Gendron

DATE

August 3 - 1998

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98 AUG -4 PM 2:50
CLERK OF STATE
TALLAHASSEE FLORIDA

REGISTERED AGENT FILING FEE: \$35.00