

P99000084432

Requestor's Name

Address

600002980606--8

-09/08/99-01046-001

\*\*\*\*\*70.00 \*\*\*\*\*70.00

City/State/Zip

Phone #

Debra Powers

DEBRA POWERS

107 DR. MARTIN LUTHER KING, JR., AVE  
SUITE 2  
INVERNESS, FLORIDA 34450

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input 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

FILED  
99 SEP 23 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2492  
9-23  
2000

Examiner's Initials

409 E. Gaines St.  
Tallahassee  
32399



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 15, 1999

DEBRA POWERS  
107 DR. MARTIN LUTHER KING, JR., AVE., S  
TE 2  
INVERNESS, FL 34450

SUBJECT: POWERS FINANCIAL INC.  
Ref. Number: W99000021195

We have received your document for POWERS FINANCIAL INC. and your check(s) totaling \$70.00. 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) 487-6995.

Att Wanda Cunningham  
Document Specialist

Letter Number: 099A00045372

**ARTICLES OF INCORPORATION**  
**OF**  
**POWERS FINANCIAL & ASSOCIATES, INC.**

FILED  
99 SEP 23 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator desiring to form a corporation in accordance with Chapter 607 of the Florida Statutes, adopts the following Articles of Incorporation:

**ARTICLE ONE**  
**NAME**

The name of the corporation shall be  
POWERS FINANCIAL & ASSOCIATES, INC.

**ARTICLE TWO**  
**REGISTERED OFFICE AND AGENT**

The location and mailing address of the Corporation's initial registered office in Florida is:

107 DR. MARTIN LUTHER KING, JR., AVE  
SUITE 2  
INVERNESS, FLORIDA 34450

The initial registered agent at the registered office is:

DEBRA POWERS.

The corporation's principal office and mailing address is:

107 DR. MARTIN LUTHER KING, JR., AVE  
SUITE 2  
INVERNESS, FLORIDA 34450

**ARTICLE THREE**  
**PURPOSE**

The purpose for which the Corporation is organized shall be to engage in any activity or business permitted under the laws of the United States, of this State, and of any other lawful jurisdiction.

**ARTICLE FOUR  
DURATION**

The term of existence of the Corporation is perpetual.

**ARTICLE FIVE  
INCORPORATOR**

The name and post office address of the incorporator is:

Name	Address
DEBRA POWERS	107 DR. MARTIN LUTHER KING, JR., AVE SUITE 2 INVERNESS, FLORIDA 34450

**ARTICLE SIX  
DIRECTORS**

The Board of Directors shall consist of 2 members initially. The number of directors may be increased from time to time by by-laws adopted by the stockholders, but shall never be fewer than one (1). The name and address of the Board of Directors are:

Name	Address
DEBRA POWERS President	107 DR. MARTIN LUTHER KING, JR., AVE SUITE 2 INVERNESS, FLORIDA 34450
<i>Catherine</i> <del>KATHERINE</del> DAVIS Secretary/Treasurer	107 DR. MARTIN LUTHER KING, JR., AVE SUITE 2 INVERNESS, FLORIDA 34450

**ARTICLE SEVEN  
CAPITAL STOCK**

The number of shares of stock that the Corporation is authorized to have outstanding is 100, all of which shall be common shares, with par value of \$1.00 per share.

**ARTICLE EIGHT  
STATED CAPITAL**

The amount of capital with which the Corporation shall begin business is \$50.00.

**ARTICLE NINE  
AMENDMENT OF ARTICLES**

The Corporation reserves the right to amend these Articles of Incorporation at any time in a manner now or subsequently permitted by statute. Any change authorized by the holders of shares entitling them to exercise a majority of the voting power of the Corporation, or any greater number that may then be required by statute, shall be binding and conclusive on every shareholder of the Corporation as fully as if each shareholder had voted for the change. No shareholder, notwithstanding that he or she may have voted against the amendment or may have objected in writing, shall be entitled to payment of the fair cash value of his or her shares or any other rights of a dissenting shareholder.

Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at a stockholders meeting by a majority of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, I have signed these Articles of Incorporation on the 18<sup>th</sup> day of August, 1999.

  
DEBRA POWERS

STATE OF FLORIDA  
COUNTY OF CITRUS

The foregoing instrument was acknowledged before me this 18  
day of August, 1999 by DEBRA POWERS, who is personally known to me  
or who has produced \_\_\_\_\_ as  
identification and who did take an oath.

Print: Debra S. Dulude

Signature: Debra S. Dulude  
Notary Public

State of Florida At Large

Commission Expires: 8/23/99

[Seal]



DEBRA S DULUDE  
My Commission CC491083  
Expires Aug. 23, 1999

**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR THE SERVICE OF  
PROCESS WITHIN THIS STATE, NAMING AN AGENT UPON WHOM PROCESS  
MAY BE SERVED, AND ACCEPTANCE BY REGISTERED AGENT.**

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In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

That POWERS FINANCIAL & ASSOCIATES, INC., desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation, at the city of Inverness, County of Citrus and State of Florida has named DEBRA POWERS as its agent to accept service of process within this State.

**ACCEPTANCE OF REGISTERED AGENT**

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

  
DEBRA POWERS  
REGISTERED AGENT

8-18-99  
DATE

FILED  
99 SEP 23 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA