

P04000095907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

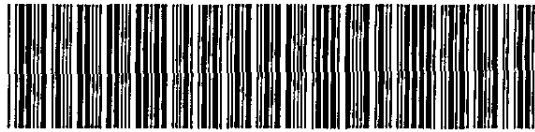
(Business Entity Name)

(Document Number)

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

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FILED  
04 JUN 23 PM 1:48  
TALLAHASSEE, FLORIDA  
STATE CLERK

✓

TRANSMITTAL LETTER

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

SUBJECT: SHADOW METERING 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  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: DAVID WILLIAMS  
Name (Printed or typed)

12 FAYETTE LN.  
Address

PALM COAST, FL. 32137  
City, State & Zip

386-503-4377  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

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

FILED

**ARTICLE I NAME**

The name of the corporation shall be: **SHADOW METERING INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is: **12 FAYETTE LN  
PALM COAST, FL. 32137**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **SERVICE + INSTALLATION OF  
ENERGY MONITORING EQUIPMENT.**

**ARTICLE IV SHARES**

The number of shares of stock is: **100,000**

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

List name(s), address(es) and specific title(s):  
**NANCY J. Williams, 12 FAYETTE LN. PALM COAST, FL. 32137, PRESIDENT**  
**DAVID A. Williams, 12 FAYETTE LN. PALM COAST, FL 32137 VICE PRESIDENT**

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

**DAVID A. Williams  
12 FAYETTE LN.  
PALM COAST, FL. 32137**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**NANCY J. Williams  
12 FAYETTE LN  
PALM COAST, FL. 32137**

\*\*\*\*\*  
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

David A Williams  
Signature/Registered Agent

6-21-04  
Date

x Nancy Williams  
Signature/Incorporator

6-21-04  
Date