## P05000105096

| (Re                     | equestor's Name)   | <del>.</del> |
|-------------------------|--------------------|--------------|
|                         |                    |              |
| (AC                     | ldress)            |              |
| (Ac                     | ldress)            |              |
| (Ci                     | ty/State/Zip/Phone | e #)         |
| PICK-UP                 | ☐ WAIT             | MAIL         |
| (Bu                     | siness Entity Nan  | ne)          |
| (Do                     | cument Number)     | <del></del>  |
| Certified Copies        | _ Certificates     | of Status    |
| Special Instructions to | Filing Officer:    |              |
|                         |                    | ,            |
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|                         |                    |              |

Office Use Only



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## TRANSMITTAL LETTER

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

| SUBJECT: | TRi-Co | my Elect       | ric Service            | SOFTA        | MAASTER | Inc |
|----------|--------|----------------|------------------------|--------------|---------|-----|
|          | (P)    | ROPOSED CORPOR | RATE NAME – <u>MUS</u> | ST INCLUDE S | SUFFIX) |     |
|          |        |                |                        |              |         |     |
|          |        |                |                        |              |         |     |

| Filing Fee<br>& Certified Copy | 3 \$87.50 Filing Fee, Certified Copy & Certificate of Status |
|--------------------------------|--|
| F                              | Filing Fee<br>& Certified Copy                               |

| FROM:             | Edword Bokley            |  |  |  |  |
|-------------------|--------------------------|--|--|--|--|
|                   | Name (Printed or typed)  |  |  |  |  |
|                   | 211 BRAGG on<br>Address  |  |  |  |  |
| Address           |                          |  |  |  |  |
|                   | TALLAHASSU FIA 32315     |  |  |  |  |
| City, State & Zip |                          |  |  |  |  |
|                   | 850 580 - 0306           |  |  |  |  |
|                   | 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)  |   |
|---|---|
| The name of the corporation shall be: TR: County Elec   | etric Services of This  |
| Ine   |   |
| ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is: 211 BRack  | _ DR  |
| Toltnhassee F1  | 角 32305   |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is: per Fren  J Instration of Electric Equipment  | ь   |
| ARTICLE IV SHARES The number of shares of stock is: 50 v  | 05 JUL 2  |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  Eclipary Sullin President  Po Bul 6864  | 05 JUL 28 PH 2: 18 TALLAHASSEE, FLORIDA                                       |
| TAUDLUSE PM 32364   |   |
| ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the Education of the TOLINHASSU FIN 32305   | e registered agent is:  |
| ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Solver Bolles  Po Box 6864 TAllahorse, F/A 323/4  |   |
| PO BUR 6864 IDUA NOSTY 323/4/ ***********************************   | ***********   |
| Having been named as registered agent to accept service of process for the above state certificate, I am familiar with and accept the appointment as registered agent and agree | ed corporation at the place designated in this<br>see to act in this capacity |
| Edwarf Bollon   | _ 2/28/05   |
| Signature/Registered Agent  | 7/28/05   |
| Signature/Incorporator  | Date  |