F0700003214

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
<u>_</u>								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
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Special Instructions to Filing Officer:								
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COVER LETTER

TO:		iling Section of Corp						
SUBJ	ECT:	A1A E	nergy N	/lanage	ment In	ıC.		
			(Name of c	orporation	- must include s	uffix))
Dear S	Sir or Ma	dam:						
"Certif	ficate of		," and chec					act Business in Florida," nced foreign corporation to
Please	return a	ll correspo	ondence co	ncerning th	is matter to	the following:		
Sue	Ann J	ames						
				(Name of F	erson)		
<u>A1A</u>	Ener	gy Mar	nageme	nt Inc.				
				((Firm/Com	pany)		
PO I	Box 4	96728						
					(Addre	ss)		
Port	Char	lotte, F	L 33949	9				
				(Ci	ity/State an	d Zip code)		
For fur	rther info	ormation o	concerning	this matter	, please ca	11:		
Sue	Ann Ja	ames		at (863	494-0135	;	
	(Namo	e of Perso	n)			ode & Daytime	Γelepi	none Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclos	sed is a c	heck for t	he followir	ng amount:				
\$70	0.00 Filin	g Fee [Filing Fee icate of Sta		\$78.75 Filing Fe Certified Copy	e &	\$87.50 Filing Fee, Certificate of Status & Certified Copy



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FLORIDA DEPARTMENT OF STATE 25 PM 3: 54 Division of Corporations PARIMENT OF CTATE Division of Corporation PARIMENT OF CTATE Division OF CORPORATION PROPERTY OF CTATE Division OF CORPORATION PROPERTY OF CTATE Division PARIMENT OF CORPORATION PROPERTY OF CTATE Division PARIMENT OF CORPORATION PROPERTY OF CTATE Division PARIMENT OF CORPORATION PROPERTY OF CORPORATION PRO

May 17, 2007

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SUEANN JAMES ENERGY MANAGEMENT INC. PO BOX 496728 PORT CHARLOTTE, FL 33949

SUBJECT: ENERGY MANAGEMENT INC.

Ref. Number: W07000023790

We have received your document for ENERGY MANAGEMENT INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the street address of each officer/director.

Ruby Dunlap Regulatory Specialist

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of c	anagement Inc	 3D,"	"COMPANY," "CORPORATION	Ţ , "				
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")							
A1A Energ	gy Management Inc.							
(If name unavail	able in Florida, enter alternate corporate na	me a	adopted for the purpose of transacting	g business in Florida)				
Wyoming		_{3.} 56-2658429						
(State or country	under the law of which it is incorporated)	,	(FEI number, if appli	icable)				
11-17-200	03	5.	_{5.} Perpetual					
(Date	e of incorporation)	•	(Duration: Year corp. will cease to exist or "perpetual")					
None to d	ate.							
			Florida, if prior to registration) 02, F.S., to determine penalty liabilit	y)				
9173 SE S	Swinney Rd, Arcadia FL 34							
	(Principal office a		•					
PO Box 49	96728, Port Charlotte, FL 3							
	(Current mailing	addr	ess)					
All Legal F	Purposes							
(Purpose(s	s) of corporation authorized in home state o	r co	untry to be carried out in state of Flor	rida)				
). Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)	O7 SE TALI				
Name:	C. Johnston							
Office Address:	9173 SE Swinney Rd		_	ASSET 25				
	Arcadia		, Florida 34266	HO PH IT				
	(City)		(Zip code)	PH 4: 51				
	gent's acceptance: ned as registered agent and to accept se		no of process for the show stated	A 01				

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C. Aphoston, as registered agent
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: ______ Vice Chairman: Address: Director: Address: Director: _ Address: **B. OFFICERS** President: SueAnn James Address: 9173 SE Swinney Rd, Arcadia FL 34266 Vice President: Secretary: GD Jalil Address: 123 West First Street, Suite 675, Casper WY 82601 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Aughan from as president
(Signature of Director or Officer listed in number 12 of the application) 14. SueAnn James, as President

(Typed or printed name and capacity of person signing application)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Energy Management, Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **November 17, 2003**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2003-000457696**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of May, 2007 at 12:01 PM. This certificate is assigned 001264726.



Mas Malliele Secretary of State

O7 JUN 25 PH 4: 56
SECRETARY OF STATE

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.