# POOCEANTIAL 68460

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

500003322085--8 -07/13/00--01052--013 \*\*\*\*\*131.25 \*\*\*\*\*87.50

SUBJECT: ROSS Electrical Service Inc.				
	(Proposed corpor	rate name - must include su	ffix)	
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: ROSS Electrical Service Robert W. Ross Name (Printed or typed)				
3019 Whirlaway Trail				
Tallahassee FL 33308 City, State & Zip				
Note: The second				
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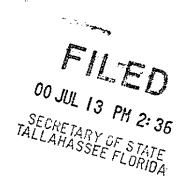
NOTE: Please provide the original and one copy of the articles.

EFFECTIVE DATE
1-25-00

# ARTICLES OF INCORPORATION

### FOR

# ROSS ELECTRICAL SERVICE, INC.



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

### ARTICLE I:

The name of this corporation shall be Ross Electrical Service, Inc.

## ARTICLE II:

The principal place of business shall be in Leon County, Florida and the mailing address of this corporation shall be:

3019 Whirlaway Trail Tallahassee, FL 32308

### ARTICLE III:

This corporation is authorized to issue \ shares of stock.

# ARTICLE IV:

The name of the initial registered agent is Robert W. Ross and the street address is: 3019 Whirlaway Trail
Tallahassee, FL 32308

### ARTICLE V:

The name and address of the incorporator to these Articles of Incorporation is:

Robert W. Ross 3019 Whirlaway Trail Tallahassee, FL 32308

Signature/Incorporator

7-11-00

Date

### ARTICLE VI:

The effective date of these Articles of Incorporation for Ross Electrical Service, Inc. will be July 25, 2000

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/Registered Agent

Date

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SECRETARY OF STATE
SECRETARY OF FLORIDA