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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4001

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)541-3694

Fax Number

: (305)541-3770

FLORIDA PROFIT CORPORATION OR P.A.

SUNSHINE STATE POWER CLEANING SERVICES, INC.

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04	
\$70.00	

DEC-14-S000 14:53



ARTICLES OF INCORPORATION

OF '

Sunshine State Power Cleaning Services, Inc.

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

ARTICLE I

NAME

The name of the corporation shall be:

Sunshine State Power Cleaning Services, Inc.

DIVISION OF CORPORATIONS OD DEC 14 AM 10: 23

<u>ARTICLE II</u>

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

17353 63rd Road North . Loxabatchee, FL 33470

ARTICLE III

CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

TWO HUNDRED (200) shares of Common Stock at \$1.00 Par Value

ARTICLE IV

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial agent is:

Heron Milen 17353 63rd Road North Loxabatchee, FL 33470

ARTICLE V

INCORPORATOR

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

Anazilma Rossi 17353 63rd Road North Lozahatchee, FL 33470

The undersigned has executed these Articles of Incorporation this

12th day of December, 2000.

EMPIRE CORPORATE KIT

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

Sunshine State Power Cleaning Services, Inc.

2. The name and address of the registered agent and office is:

Heron Milan

17353 63rd Road North

Lozabatchee, FL 33470

SIGNATURE

Anazilma Rossi

TITLE

DATE__12/12/00_

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 HERBEY 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

DATE

12/12/09