

P02000058138

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : JACKSONVILLE LAW GROUP, P.A.
Account Number : T19980000002
Phone : (904)353-1144
Fax Number : (904)996-1512

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02 MAY 24 PM 3:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

TRI-POWER MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
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ARTICLES OF INCORPORATION
OF
TRI-POWER MANAGEMENT, INC.

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TALLAHASSEE FLORIDA

ARTICLE I

The name of this corporation is: TRI-POWER MANAGEMENT, INC.

ARTICLE II

The general nature of the business to be transacted by this corporation is to engage in any and all business permitted under the laws of the State of Florida.

ARTICLE III

The maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time is ten thousand (10,000) shares of common stock having a par value of \$1.00 per share.

ARTICLE IV

This corporation shall have perpetual existence.

ARTICLE V

The Registered Agent and the street address of the principal office of this Corporation in the State of Florida shall be:

SONJA SIMPSON-HOMER
3784 Mykonos Court
Boca Raton, FL 33487

The Board of Directors from time to time may move the Registered Office to any other address in the State of Florida.

ARTICLE VI

This Corporation shall have two directors initially. The number of directors may be increased or diminished from time to time by Bylaws adopted by the stockholders, but shall never be less than one.

ARTICLE VII

The names of the initial directors of this Corporation and their street addresses are:

SONJA SIMPSON-HOMER
3784 Mykonos Court
Boca Raton, FL 33487

ARNOLD V. HOMER, II
3784 Mykonos Court
Boca Raton, FL 33487

The persons named as initial directors shall hold office for the first year of existence of this Corporation or until their successors are elected or appointed and have qualified, whichever occurs first.

ARTICLE VIII

The name and street address of the person signing these Articles of Incorporation as the Incorporator is:


STEVE COLEMAN
4540 Southside Blvd.
Suite 401
Jacksonville, FL 32216

ARTICLE IX

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by at least a majority of

the stock entitled to vote, unless all of the directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

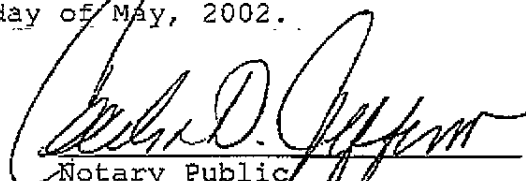
IN WITNESS WHEREOF, the undersigned, as Incorporator, has executed the foregoing Articles of Incorporation on the 23 day of May, 2002.


Incorporator

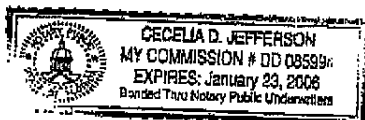
STATE OF FLORIDA

COUNTY OF DUVAL

BEFORE ME, a Notary Public, personally appeared STEVE COLEMAN, to me known to be the person described as Incorporator and who executed the foregoing Articles of Incorporation, and acknowledged before me that they subscribed to these Articles of Incorporation on the 23 day of May, 2002.


Notary Public
State of Florida at Large
My commission expires:

(SEAL)



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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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:

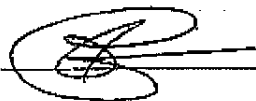
TRI-POWER MANAGEMENT, INC.

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

STEVE COLEMAN
4540 Southside Blvd.
Suite 401
Jacksonville, FL 32216

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



DATE



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TALLAHASSEE FLORIDA

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