Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

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Account Name : R & R ACCOUNTING & TAX SERVICES, INC.

Account Number : 071324000655
Phone : (305)541-0790

Fax Number : (305)541-4015

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FLORIDA PROFIT CORPORATION OR P.A.

NEUTRAL ELECTRIC, INC.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

OF

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

ARTICLE I NAME

The name of the corporation shall be: NEUTRAL ELECTRICITAL

ARTICLE II PRINCIPAL OFFICE

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

16331 N.W. 87 COURT MIAMILAKES, FL 33018

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at 500 SHARES OF COMMON STOCK AT 1.50 any one time is: DAR VALUE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GSUALDO MACHADO

16331 N.W. STCOURT

MIAMILAKES, FL 33018 MIAMILAKES, FL

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PREPARED BY DSVALDO MACHADO 16331 N.W. FTCOURT

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

	14	day of	NOVEYBER.	<u> 2002</u>
	•			
			(db	
			Signature	
			Signature	
	<u></u>		Signature	

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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 nam	ne of the corporation is: NEVIRAL ELECTRI	<u>C </u>	TUC	
2. The nam	ne and address of the registered agent and office is:			
	OSUALDO MACHADO			
	(Name)	0	밀	
	OSUALDO MACHADO (Name) 16331 N.W. 87 COURT	02 NOV) SIC	- -
	(P.O. Box not acceptable)			-
	HAMILAKES, RC	19	COF	
	(City/State/Zip)	PH		-
		3: 59	ATIONS	
Having been bove stated he appoint o comply wi nance of my is registered	n named as registered agent and to accept service of process I corporation at the place designated in this certificate, I here nent as registered agent and agree to act in this capacity. I fu th the provisions of all statutes relating to the proper and con pluties, and I am familiar with and accept the obligations of m I agent.	for to by ac- ritier apleti ay po	he cept agree perfor- sition	•
x ((Signature)			
	· •			

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

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