

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| (City/State/Zip/Priorie #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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Bull

TRANSMITTAL LETTER

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

| SUBJECT: UTILITY SPECIALISTS OF AMERICA,INC. | | | | |
|---|-------------------------|-------------------|------------------|--|
| (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) | | | | |
| | | | | |
| | | | | |
| Enclosed are an original and one (1) copy of the articles of incorporation and a check for: | | | | |
| \$70.00 | □ \$78.75 | \$ \$78.75 | □ \$87.50 | |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, | |
| J | & Certificate of Status | & Certified Copy | Certified Copy | |
| | | | & Certificate of | |
| | | | Status | |
| | | ADDITIONAL COL | PY REQUIRED | |
| | L | | | |
| FROM: Lori M. Cochran | | | | |
| Name (Printed or typed) | | | | |
| 24 Zeolite Pl | | | | |
| _, _, _, , | | | | |
| Address | | | | |
| Palm Coast, FI 32164 | | | | |
| City, State & Zip | | | | |
| 386-437-8199 | | | | |
| Daytime Telephone number | | | | |

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

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SECRETARY E STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Utility Specialists of America, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 24 Zeolite Place, Palm Coast, FL 32164

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide utility services.

ARTICLE IV SHARES

The number of shares of stock is:

One Thousand (1,000) shares of One & 00/100 (\$1.00) par value common stock.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Lori M. Cochran, 24 Zeolite Place, Palm Coast, FL 32164, President, Mitchell Veynovich, 33 River Ridge Trail, Ormond Beach, FL 32174, Secretary/Treasurer

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Mitchell Veynovich, 33 River Ridge Trail, Ormond Beach, FL 32174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lori M. Cochran, 24 Zeolite Place, Palm Coast, FL 32164

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

10/9/03

Signature/Incorporator

Date