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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

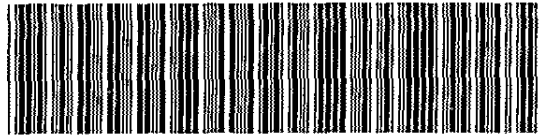
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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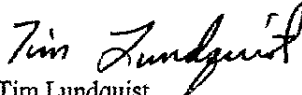
October 8, 2003

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida, 32314

To Whom It May Concern:

Enclosed please find the original and one copy of the Articles of Incorporation for **Tim Lundquist Electric, Inc.** along with a check in the amount of \$70.00 to cover the filing fee and the designation of the registered agent.

Sincerely,

  
Tim Lundquist

Lundquist  
1590 S. Woodward Dr.  
St. Aug. FL 32086

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:  
Tim Lundquist Electric, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:  
1590 Wildwood Drive  
St. Augustine, Florida, 32086

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
Electrical Contractor

## ARTICLE IV SHARES

The number of shares of stock is:  
100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):  
Tim Lundquist, President  
1590 Wildwood Drive  
St. Augustine, Florida, 32086

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:  
Tim Lundquist  
1590 Wildwood Drive  
St. Augustine, Florida, 32086

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:  
Tim Lundquist  
1590 Wildwood Drive  
St. Augustine, Florida, 32086

\*\*\*\*\*

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

x Tim Lundquist  
Signature/Registered Agent

10-8-03

Date

x Tim Lundquist  
Signature/Incorporator

10-8-03

Date

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FILED