03000/5624b Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0381

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

CHIDLOW ELECTRIC, INC.

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

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.ARTICLES OF INCORPORATION

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.

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

MIND DEC 23 PM 12: 2

ARTICLE II PRINCIPAL OFFICE

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

8053 Lake Lowery Rd. HAINES City, Fel 33844

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS. The name and address of the initial registered agent is:

Tiernan J. Chidlow 8053 Lake Lowery Rd. Haines City, Fl 33844

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Tiernan J. Chidlow 8053 Lake Cowery Rd. HAINES City, Fol 33844

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5 day of December . 2003.	
An additional article must be added if an effective date is requested.)	
June Signature	-
Signature	-

Notarization is not required

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF 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:	Chidlow Electric, In	C.		
2. The name and address of the regis	tered agent and office is:		73	
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	Larke Locusery RL Mail Drop Box NO PACCEPTABLE)	,	23 PM	
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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)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314