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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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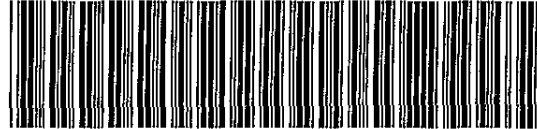
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: 5 STAR ELECTRIC 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: THOMAS P POWERS

Name (Printed or typed)

4500 BAYMEADOWS RD #186

Address

JACKSONVILLE FL 32256

City, State & Zip

904-654-6372

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

November 21, 2003

THOMAS P POWERS  
4500 BAYMEADOWS RD #186  
JACKSONVILLE, FL 32256

SUBJECT: 5 STAR ELECTRIC INC.  
Ref. Number: W03000034915

We have received your document for 5 STAR ELECTRIC INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00. Your document will be retained in our pending file.

If you have any further questions concerning your document, please call (850) 245-6919.

Beth Register  
Document Specialist Supervisor  
New Filings Section

Letter Number: 003A00063402

## 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:

5 STAR ELECTRIC INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

505 TUPELO TRACE  
JACKSONVILLE FL 32259

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ELECTRICAL CONTRACTING

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

THOMAS P POWERS/PRESIDENT	RICHARD P KORALEWSKI/VICE-PRESIDENT
4500 BAYMEADOWS RD #186	505 TUPELO TRACE
JACKSONVILLE FL 32256	JACKSONVILLE FL 32259

THOMAS P POWERS JR  
4500 BAYMEADOWS RD #186 JACKSONVILLE FL 32256/SECRETARY

### ARTICLE VI REGISTERED AGENT

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

JOE D JEFFERSON  
7313 AMANDAS CROSSING DR S  
JACKSONVILLE FL 32244-6172

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

THOMAS P POWERS  
4500 BAYMEADOWS RD #186  
JACKSONVILLE, FL 32256

\*\*\*\*\*

*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

11/12/03

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11/12/03

\_\_\_\_\_  
Date

**FILED**

04 JAN 22 AM 11:22

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TALLAHASSEE, FLORIDA