

PO 5000092068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

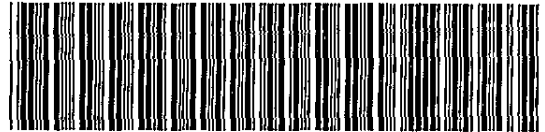
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/28/05--01023--010 **78.75

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

05 JUN 28 PM 1:47

FILED

6/28/05
BWK

TRANSMITTAL LETTER

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

SUBJECT: Cooper Systems 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: Michael Jon Cooper
Name (Printed or typed)

8700 Southside Blvd #309
Address

Jacksonville, FL 32256
City, State & Zip

904-655-0993
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

ARTICLE I NAME

The name of the corporation shall be:

Cooper Systems Inc

05 JUN 28 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

8700 Southside Blvd #309
Jacksonville, FL 32256

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Generator Sales

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael Jon Cooper , 8700 SOuthside Blvd #309 Jacksonville FL 32256, CFO

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Michael Jon Cooper
8700 SOuthside Blvd #309
Jacksonville, FL 32256

ARTICLE VII INCORPORATOR

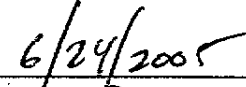
The name and address of the Incorporator is:

Michael Jon Cooper
8700 SOuthside Blvd #309
Jacksonville, FL 32256

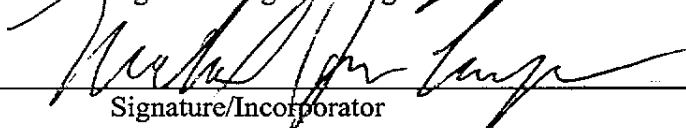
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date