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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

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.

MACLACHLAN GENERATORS, INC.

Certificate of Status	0
Certified Copy	1
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7/14/05

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

MACLACHLAN GENERATORS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business of this corporation shall be:

6610 Osteen Road, Ste. 339
New Port Richey, FL 34653

ARTICLE III SHARES

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

One-Thousand (1,000) Shares
Common Stock

ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida street address of the initial registered agent are:

Bryan E. MacLachlan
6610 Osteen Rd., Ste. 339
New Port Richey, FL 34653

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Bryan E. MacLachlan
6610 Osteen Rd., Ste. 339
New Port Richey, FL 34653

ARTICLE VI OFFICERS

The officers of the corporation are:

Donald E. MacLachlan -- President
Bryan E. MacLachlan -- VP, Secretary
Ruth C. MacLachlan -- Treasurer

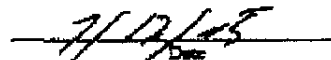
ARTICLE VII DIRECTORS

The directors of the corporation are:

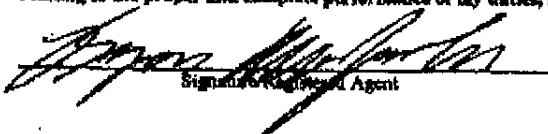
Donald E. MacLachlan -- Director
Bryan E. MacLachlan -- Director

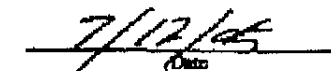
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Signature of Incorporator


Date

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 of Registered Agent


Date