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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 : HUBCO

Account Number : 104662003400

Phone : (516) 935-3940

Fax Number : (516) 935-3088

FLORIDA PROFIT CORPORATION OR P.A.

Universal Lightning Services Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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05 DEC 20 PM 1:03

CLERK OF STATE
TALLAHASSEE, FLORIDA

1/1

ARTICLES OF INCORPORATION

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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.

CLERK OF THE JUDICIAL CIRCUIT IN AND FOR THE COUNTY OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Universal Lightning Services Inc.

ARTICLE II PRINCIPAL OFFICE

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

Universal Lightning Services Inc.

**221 Jefferson Street
Niceville, FL 32578**

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**William Lawson
221 Jefferson Street
Niceville, FL 32578**

Prepared By:

Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

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

**William Lawson - President
221 Jefferson Street
Niceville, FL 32578**

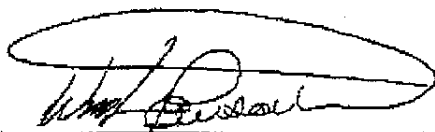
ARTICLES VI INCORPORATOR(S)

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

**William Lawson
221 Jefferson Street
Niceville, FL 32578**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

19th day of December 2005.

A handwritten signature in black ink, appearing to read 'William Lawson', is written over a horizontal line.

William Lawson - Signature

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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Universal Lightning Services Inc.

2. The name and address of the registered agent and office is:

William Lawson

Name

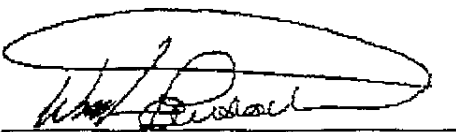
221 Jefferson Street

(P.O. Box or Mail Drop Box NOT Acceptable)

Niceville, FL 32578

(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


William Lawson
SIGNATURE

December 19, 2005

(Date)

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CLERK OF STATE
TALLAHASSEE, FLORIDA