

Florida Department of State
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To:

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

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)224-7047

FLORIDA PROFIT/NON PROFIT CORPORATION

AMPS POWER SOLUTIONS, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

OF

AMPS POWER SOLUTIONS, INC.

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 is **AMPS POWER SOLUTIONS, INC.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **2901 S.W. 2nd Avenue, Ft. Lauderdale, FL 33315**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Michael Koller, 2901 S.W. 2nd Ave., Ft. Lauderdale, FL 33315.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: OFFICERS & DIRECTORS

The name and address of the initial Officers and Directors of the corporation are:

Michael Koller, 2901 S.W. 2nd Avenue, Ft. Lauderdale, FL 33315

Valerie Koller, 2901 S.W. 2nd Avenue, Ft. Lauderdale, FL 33315

The undersigned has executed these Articles of Incorporation this 20th day of January 2006.

"Your Capital Connection, Inc. by, Weimar López, Client Representative"



JAN. 20. 2006 1:12PM

CAPITAL CONNECTION

NO. 3750 P. 4

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: _____

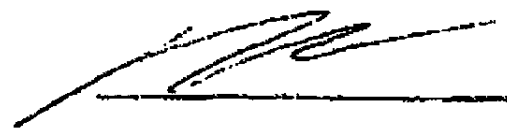
AMPS POWER SOLUTIONS, INC.

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

2901 SW 2nd Ave.

FT. Lauderdale, FL 33315

HAVE 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.



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