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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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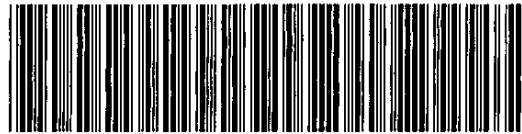
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/29/07--01015--002 **70.00

FILED
2007 AUG 29 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch AUG 29 2007.

August 27, 2007

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

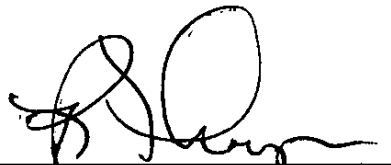
Re: Thompson Electric & Integrated Systems, Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$70.00.

This represents the cost of the Filing Fees and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.



(Individual's Name)

Thompson Electric & Integrated Systems, Inc.

(Name of Corporation)

MAILING ADDRESS OF CORPORATION

573 Moonpenny Circle

Port Orange, FL 32127

PHONE

(386) 679-5312

Area Code Number

Ext.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Thompson Electric & Integrated Systems, Inc.

Pursuant of Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

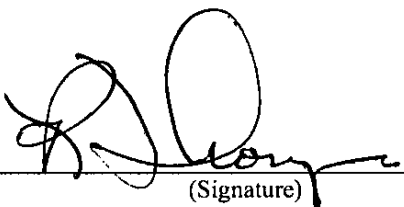
at 573 Moonpenny Circle

Port Orange, FL 32127

has named Robert K. Thompson

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)

August 27, 2007
(Date)

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have One (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Robert K. Thompson		
ADDRESS	573 Moonpenny Circle		
CITY	Port Orange	STATE FL	ZIP 32127
NAME			
ADDRESS			
CITY		STATE FL	ZIP
NAME			
ADDRESS			
CITY		STATE FL	ZIP

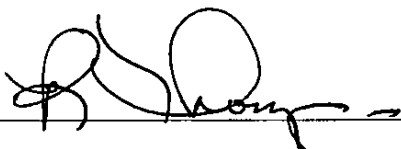
ARTICLE VIII - INCORPORATORS

The names and address of the incorporators signing these Articles of Incorporation are as follows:

NAME	Robert K. Thompson		
ADDRESS	573 Moonpenny Circle		
CITY	Port Orange	STATE FL	ZIP 32127
NAME			
ADDRESS			
CITY		STATE FL	ZIP
NAME			
ADDRESS			
CITY		STATE FL	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 27th

day of August, 2007.

 (Signature)

____ (Signature)

____ (Signature)

ARTICLES OF INCORPORATION

of

Thompson Electric & Integrated Systems, Inc.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Thompson Electric & Integrated Systems, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 100 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS			
573 Moonpenny Circle			
CITY	Port Orange	FLORIDA	ZIP 32127

Mailing address, if different

STREET ADDRESS	Same as above		
CITY	ZIP		

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Robert K. Thompson		
ADDRESS	573 Moonpenny Circle		
CITY	Port Orange	FLORIDA	ZIP 32127

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