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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

10/24

COVER LETTER

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

SUBJECT: AA GENERATOR SERVICE, INC. $SC_{O}RP$ (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

| Filing Fee | Filing Fee & Certificate of Status | *78.75 Filing Fee & Certified Copy ADDITIONAL CO | Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
|------------|------------------------------------|---|---|
| FROM: B | ENEDICTE M. COL | Y (Printed or typed) | |
| | 14660 CEMETERY | RD, | |
| - | FT MYERS, FL, 339 | 905 State & Zip | |
| 2 | 239-693-6333 Daytime To | elephone 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)

ARTICLE I NAME

The name of the corporation shall be:

AA GENERATOR SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 14660 CEMETERY RD FT MYERS, FL. 33905

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERATOR SERVICE AND SALES

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BENEDICTE M. CODY, PRESIDENT BENEDICTE M. CODY SECRETERY 14660 CEMETERY RD. FT. MYERS, FL. 33905



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

BENEDICTE M. CODY
14660 CEMETERY RD
FT. MYERS, FL. 33905

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
BENEDICTE M. CODY
14660 CEMETERY RD
FT. MYERS, FL. 33905

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

December 1. Color Date

Suvolicity H. C. Signature/Incorporator

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SECRETARY OF STATE
SECRETARY FLORIDA