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| (Document Number) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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COVER LETTER

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

| SUBJECT: | SOLAR EL | EcTRICITY | |
|-------------------------|--|---------------------------------------|--|
| _ | (PROPOSED CORPORA | TE NAME – <u>MUST JÁCU</u> | ÜDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | a check for: |
| ☐ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| | | ADDITIONAL CO | PY REQUIRED |
| FROM: | KATHRYN | F. WHALEN e (Printed or typed) | |
| _ | 8 CRAN | ES NEST | |
| 40 Academic | STUAR | State & Zip | 34996 |
| | | 3-1835 Telephone number | |
| | KASSU | O AoL · COM | |

NOTE: Please provide the original and one copy of the articles.

| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) |
|--|
| ARTICLE I NAME |
| The name of the corporation shall be: SoLAR ELECTRICITY AUG - THE 2: 00 |
| SECRETARY OF STATE |
| TALLAHASSEE, FLORIUA |
| ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: |
| The principal street address and mailing address, if different is: 8 CRANES NEST STUART, FLA 34996 |
| |
| ARTICLE III PURPOSE |
| The purpose for which the corporation is organized is: SOLAR ELECTRICITY CONSULTING |
| SOLAR ELECTRICITY CONSULTING |
| ARTICLE IV SHARES |
| The number of shares of stock is: /00 |
| |
| List name(s), address(es) and specific title(s): Local F. WHALEN PRESIDENT |
| List name(s), address(es) and specific title(s): KATHRYN F. WHALEN, PRESIDENT DAVID KLEIN, SALES MANAGER |
| DAVID KLEIN, SALES MANAGER |
| ARTICLE VI REGISTERED AGENT |
| The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: |
| KATHRYN F WHALEN |
| KATHRYN F WHALEN BCRANES NEST, STUART, FL 34996 |
| ARTICLE VII INCORPORATOR |
| The <u>name and address</u> of the Incorporator is: |
| BCRANES NEST STUART FL. 34996 |
| BCRANES NEST, STUME, FL. 34496 |
| \$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| 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 not in this capacity |
| Jostan Hohelen Aug 7 2009 |
| inglature/Tegistered Agent inter- |
| Sitten Herrelen au 2009 |
| Удиание/получания / Ине |