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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 453-9885

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
STORM MECHANICAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
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RECEIVED  
11 JAN 24 PM 1:28  
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## **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:

STORM MECHANICAL, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

1965 W 9TH STREET  
RIVIERA BEACH, FLORIDA 33404

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

100 COMMON SHARES PAR VALUE \$1.00

### **ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT  
PAUL STORM  
1965 W 9TH STREET  
RIVIERA BEACH, FLORIDA 33404

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PAGE 2 STORM MECHANICAL, INC.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

PAUL STORM  
1965 W 9TH STREET  
RIVIERA BEACH, FLORIDA 33404

**ARTICLE VII INCORPORATOR**


The name and street address of the Incorporator is:

PAUL STORM  
1965 W 9TH STREET  
RIVIERA BEACH, FLORIDA 33404

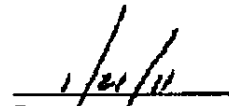
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
PAUL STORM / Registered Agent

  
Date

  
PAUL STORM / Incorporator

  
Date

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