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SECRETARY OF STATE

10/17 B

COVER LETTER

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

SUBJECT: Energy Efficiency System	ems Inc	
(PROPOSED CORPORAT	ΓΕ NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	OPY REQUIRED
FROM: Robert A Mobley Name	(Printed or typed)	
3887 Mannix Dr Unit 613	Address	
Naples, Fl 34113	State & Zip	
239-354-9960 Daytime To	elephone number	
E-mail address: (to be used	for future annual report	notification)

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)

RTICLE II	PRINCIPAL OFFICE	
	Principal street address	Mailing address, if different is:
	3887 Mannix Dr Unit 613	
	Naples, Fl 34114	
	nimnoge	
	PURPOSE which the corporation is organized is:	
	ice & install	
IVAC SEIVI	Ce & Ilistali	
	OVI A DEC	
RTICLE IV	SHARES hares of stock is: 100	
e number of si	iares of stock is: 100	
RTICLE V	INITIAL OFFICERS AND/OR DIREC	<u>TORS</u>
Name and		Name and Title:
Address:	3887 Mannix Dr	Address:
	Naples, Fl 34114	
Name and	Title	Name and Title:
Address:	Title	
Addiess.		Additss.
Name and	Title:	Name and Title:
Address:		Address:
		
RTICLE VI	REGISTERED AGENT	
	Torida street address (P.O. Box NOT acceptab	le) of the registered agent is:
Name:	Robert A Mobiev	
Address:	3887 Mannix Dr Unit 613	= ₹
	Naples, Fl 34114	
	•	
	INCORPORATOR	
	ddress of the Incorporator is:	<u>2</u> 2 <u>3</u> 1€
Name:	Robert A Mobiley	
Address:	3887 Mannix Dr	
	Naples, Fl 34114	
vine been na	med as registered agent to accept service of p	rocess for the above stated corporation at the place designated
		s registered agent and agree to act in this capacity
	- 444	
Maka #	· Q (M . J. J.	10/11/2011
your	Required Signature/Registered Agent	Poto
•	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated hereis	n are true. I am aware that the false information submitted is
ubmit this do		
cument to the	Department of State constitutes a third degree j	felony as provided for in s.817.155, F.S.
cument to the		felony as provided for in s.817.155, F.S.