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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 153657 7349547 **AUTHORIZATION:** COST LIMIT : ORDER DATE: May 24, 2016 ORDER TIME: 3:46 PM ORDER NO. : 153657-005 CUSTOMER NO: 7349547 DOMESTIC FILING NAME: APOLLO BEACH ELECTRIC, INC. EFFECTIVE DATE: XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ____ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

1201 Hays Street

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ICLE II PRI	NCIPAL OFFICE		
Braaman Drive	Principal <u>street</u> address	Mailin	ig address, if different is:
eland, Florida 3			
ICLE III PUR	POSE h the corporation is organized is:	contracting	
	(178 ft. 80) - 1		5
		- h-A	
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		<u> </u>
	of stock is: 1,000		
CLE V INIT	TAL OFFICERS AND/OR DIRECTORS	Name and Title	
	TAL OFFICERS AND/OR DIRECTORS	Name and Title	
Name and T	TIAL OFFICERS AND/OR DIRECTORS	Name and Title: Address:	
Name and T	itle: James Clinton Dunson, P, S, T 6502 Braaman Drive Lakeland, Florida 33810	Name and Title:Address:	
Name and Ti	itle: James Clinton Dunson, P, S, T 6502 Braaman Drive Lakeland, Florida 33810	Name and Title:Address:	
Name and Ti	title: James Clinton Dunson, P, S, T	Name and Title: Address: Name and Title:	
Name and Ti Address Name and Tit	TIAL OFFICERS AND/OR DIRECTORS itle: James Clinton Dunson, P, S, T	Name and Title: Address: Name and Title:	
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Name and Ti Address Name and Tit Address	TIAL OFFICERS AND/OR DIRECTORS itle: James Clinton Dunson, P, S, T 6502 Braaman Drive Lakeland, Florida 33810	Name and Title: Address: Name and Title: Address: Name and Title:	

Name a	nd Title:	Name and Title:			
Addres	s	Address:			
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptab.	a) of the registered agent is:			
Name:	James Clinton Dunson	e) (if the registered agent is.			
Address:	6502 Braaman Drive.	— AE AE AE			
	Lakeland, Florida 33810				
<u>ARTICLE VII</u>	INCORPORATOR	Y24 ASSE			
The name and a	address of the Incorporator is:	FS K			
Name: Address:	Saunders Law Group	PHI2: 5: OF STATE E. FLORE			
	480 South Broadway Avenue				
	Bartow, Florida 33830				
Effective date, in		. (OPTIONAL) unnot be more than five business days prior or 90 business			
	e inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirements, this date will not be listed as rds.			
this certificate, I	I am familiar with and accept the appointment a	ocess for the above stated corporation at the place designated in s registered agent and agree to act in this capacity			
- (Ani	Required Signature/Registered Agent	11aux17, 20/20			
/ - I submit this do					
document to the	I submit this document and affirm that the facts stated Herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
G.	Blical	MAY 24, 20/6			
Rear	nired Signature/Incorporator	Date			