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COVER LETTER

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

SUBJECT:B	luegrass Energy Assoc	ciates, Inc.				
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)			
Enclosed are an or	iginal and one (1) copy of the ar	ticles of incorporation and	d a check for:			
≯☑ \$70.00 Filing Fee	· · · · · ·	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL COPY REQUIRED				
FROM: _	Charles T. Ferbe	e (Printed or typed)				
		` ',				
	2125 First Street, Suite 100 Address					
F	ort Myers, Florida 33	3901				
_	City	, State & Zip				
	(239) 334-1555					
	Daytime 1	Celephone number				
	ctflawyer@earthlink.:	net				
_	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)

ARTICLE I NAME The name of the corporation shall be: Bluegrass E	nergy Associates, Inc.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
2125 First Street, Suite 100	
Fort Myers, Florida 33901	-
	-
ARTICLE III PURPOSE The purpose for which the corporation is organized is: to	provide oil, natural gas, helium,
	lresources prospects or information
for sale regarding their explora	tion or development; geologic and
environmental consulting; and an	y other purpose not prohibited by
law.	
ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR Name and Title: Charles T. Ferber,	President Airector
Address 2125 First Street,	
Fort Myers, Florid	a 3390i
William R. Mann, Vi Name and Title:	ce President, Director Name and Title:
Address 3988 Allenhurst Driv	e Address:
Norcross, GA 30092	
	ecretary, Treasurer, Director Name and Title:
Address 6802 Superior Street	CircleAddress:
Sarasota, Florida 34	2 4 3
	

Name and	d Title:	Name and Title:			
Address		Address:			
			_ .		
ARTICLE VI	REGISTERED AGENT				
The name and Fl	orida street address (P.O. Box NOT acceptable) o	of the registered agent is:			
Name:	Charles T. Ferber	_			
Address:	2125 First Street, Suite	 1 0 0			
	Fort Myers, Florida 33901	_			
ARTICLE VII	INCORPORATOR				
The <u>name and ad</u>	ddress of the Incorporator is:		18 F SECI		
Name:	Charles T. Ferber	_	AHAS		
Address:	2125 First Street, Suite	100	ELLE SSEE, C		
	Fort Myers, FL 33901	_	PH 2: CF STA		
APTICLE VIII	EFFECTIVE DATE:		I L		
Effective date, if	other than the date of filing:	. (OPTIONAL)			
(If an effective d filing.)	ate is listed, the date must be specific and cann	ot be more than five days prior of	or 90 days after the		
Note: If the date the document's ef	inserted in this block does not meet the applicable ffective date on the Department of State's records.	e statutory filing requirements, this	date will not be listed as		
Having been nan	ned as registered agent to accept service of proces am familiar with and accept the appointment as re	s for the above stated corporation gistered agent and agree to act in	at the place designated in this capacity		
	8-015		2/10/10		
() cro	Required Signature/Registered Agent	<u> </u>	Date		
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 l	Department of State constitutes a third degree felo	ny as provided for in s.817.155, F.	S.		
////	als 1/tel	-	2/15/18		
Requi	red Signature Incorporator		Date		