P95000004161

TRANSMITTAL LETTER

(Proposed corporate name - must include suffix)

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 (51)#1120011 - 424.2 1 345 - 01717/95--01133--010 - ++++175.00 - ++++175.00

Enclo for :	sed is an original \$70.00 Filing Fee	and one (1) cor \$78.75 Filing Fee & Cardificate	Filing Fee & Certified Copy	incorporation and a \$ ` \$ 131.25 Filing Fee, Certified Copy & Certificate	check 95 JAN 1
/ ~	FROM:		IAM B. Football	house Rd	T PH 3: 27

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KAN 1-17

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
POWEILPLUMLING CC. ILIC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and malling address of this corporation shall be:

11,999 white house Rd. Talla, Fl. 32311

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Letezet Pourell

ARTICLE V INCORPORATOR(S)

The name(s) and street address(as) of the incorporator(s) to these Articles of Incorporation is(are): LUILIAN R. FOWE((11,999 white house Rd) TALLA. FL 323(1)
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this Scienteseth 1995. Aday of 1995. Rolling Power Signature
Signatüre

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

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1.	The name of the corporation is: 10 (UE 11 // CLIPN 12 mg U _ (U)
2.	The name and address of the registered agent and office is:
	Robert Powell
	(Name)
	11999 Whits Mouse Rd (P.O. Box not acceptable)
	(P.O. Box not acceptable)
	Talla F1. 3231
	(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Foliation 1-17-95
(Signature) (Date)