

KYLIN ELECTRIC, INC.  
977 WHIPPOORWILL DRIVE  
PORT ORANGE, FL 32127  
(904) 788-7331

96000097480

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

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-11/27/96--01017--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Dear Division of Corporation:

Enclosed please find Articles of Incorporation for Kylin Electric, Inc., along with a check in the amount of \$70.00 for filing fee and designation of registered agent.

Also enclosed is a photocopy of the Articles. Please return this to me with the filing date stamped on it.

Thank you.

Sincerely,



Kerry A. Leuzinger  
Vice President

KAL:sml

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96 NOV 26 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



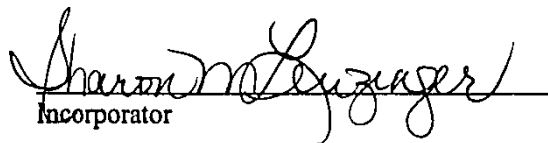
## Articles of Incorporation

1. The name of the corporation is: KYLIN ELECTRIC, INC.
2. The principal place of business and mailing address of the corporation is: 977 Whippoorwill Drive, Port Orange, Florida.
3. The corporation shall have the authority to issue 1,000 shares of common stock, in one class only, each with a par value of \$0.10.
4. The registered agent of the corporation is KERRY A. LEUZINGER and the registered address is 977 Whippoorwill Drive, Port Orange, Florida, 32127
5. The initial Board of Directors shall have two (2) members whose names and address are as follows: KERRY A. LEUZINGER, 977 Whippoorwill Drive, Port Orange, Florida, 32127; and SHARON M. LEUZINGER, 977 Whippoorwill Drive, Port Orange, Florida 32127.

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is SHARON M. LEUZINGER, whose address is 977 Whippoorwill Drive, Port Orange, FL 32127.

Dated: 11-20-96

  
Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated: 11-20-96

  
Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA