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DIVISION OF CORPORATIONS

FAX #:

(850) 922-4001

FROM: AL CLARK

ACCT#:

072100000173

CLARK CONTACT: AL PHONE: (013)393-1766

FAX #:

(813) 528-7222

NAME: GAS SOLUTIONS INC.

AUDIT NUMBER..... 1198000001888

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...O

3 PAGES.... DEL.METHOD..

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FAX

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

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ARTICLES OF INCORPORATION

SOUTH TO THE TO 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

GAS SOLUTIONS INC.

ARTICLE II PRINCIPAL OFFICE

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

2601 7th Court Palm Harbor, FL. 34684

SHARES ARTICLE III

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

1000 SHARES NO PAR

INITIAL REGISTERED AGENT AND STREET ARTICLE IV ADDRESS

The name and address of the initial registered agent is: prepared by:

Name: Frank P. Murray

Address 2601 7th Court Palm Harber, FL, 34684 PH # 813-787-7501

Accounting & Tax Help, INC. 8668 PARK BLVD Suite .A SEMINOLE, Florida 33777

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(cs) of the incorporator(s) to these Articles of Incorporation is(are):

Frank P. Murray 2601 7th Court Palm Hurbor, FL 34684

28	day of _JANUARY	, 19 <u>.43</u>
An additio	mal article must be added if an effect	tive date is requested.)
	_	
· X C	Kranl P Murray	<u> </u>
	Signature	
	Ci wastern	
	Signature	
	Signature	.

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Notarization is not required

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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

1.	The name of the corporation is:	
<u>•</u>	GAS SOLUTIONS INC	.
2.	The name and address of the registered agent and office is:	
	Accounting & Tax Help, INC. (Name)	98 J SECRE
	8668 PARK BLVD., Suite A (P.O. Box not acceptable)	JAN 28 ETAKLE WHASSEE
	SEMINOLE, Florida 33777 (City/State/Zip)	PM 4: 23 I ATE FLORIDA

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.

(Signature) PRESIDENT

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

DATE_1-28-98

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