FILED

98 JUL -6 PM 12: 11

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: DOCS E CTRIC Inc. (Proposed corporate name - must include suffix)						
			30002580 -07/06/980 *****78.75	1988 1040018 ******78.75		
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:						
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate			
		ADDITIONAL CO	PY REQUIRED			
FROM: GALY Hodg ES Name (Printed or typed)						
RTS Box 5785 MONTICEILO Address						
MONT: CENTO F/A. 32344 City, State & Zip						
933-2809 997-7315 Daytime Telephone number						
		P.Hall	JUL = 6.1998			

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

ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

ARTICLE	I	<u>NAME</u>

The name of the corporation shall be:

HODGES ElECTRIC INC.

ARTICLE II PRINCIPAL OFFICE

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

RT5 BOX 5785 MONTICELLO FLA 32344

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: GARY HodgeS

RT 5 BOX 5785

MONTICELLO FIM. 32374

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

CARY HODGES RTS BOX 5785 Monticello, FLA 32344

How Wordyly

-6-98

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

-6-18

Date