

INCORPORATION SYSTEM
M01000001303
CORPORATION(S) NAME

OHAC 19, LLC
OHAC 19, LLC Fict. Name: One Hour Air Conditioning

FILED
01 JUN 11 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2011 JUN 11 PM 12:14
TO BE FILED IN THE
OFFICE OF THE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Photocopies | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name M01-1303 6/11/01
Availability OK
Document OK
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

File 1SE

Order#: 4547613
100004397021--8
-06/11/01--01052--017
Ref#: ****125.00 ****125.00
Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

*Please insert
Doc# on Fict.
Application.*

*Thomas Amillion
Melaine*

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. OHAC 19, LLC
(Name of foreign limited liability company)

2. Missouri 3. 43-1918221
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 23, 2001 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. upon filing with the Florida Secretary of State
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 4217 Linwood
Sarasota, Florida 34232
(Street address of principal office)

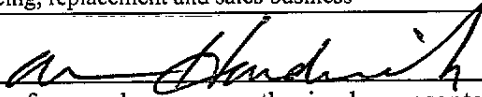
8. If limited liability company is a manager-managed company, check here

9. The usual business addresses of the managing members or managers are as follows:

One Hour Air Conditioning, LLC (Manager)
7777 Bonhomme Avenue, Suite 1800
St. Louis, Missouri 63105

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: own and operate a heating and
air conditioning monitoring, servicing, replacement and sales business


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Alan Hardwick, President, One Hour Air Conditioning, LLC, Member/Manager
Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

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TALLAHASSEE, FLORIDA

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1. The name of the Limited Liability Company is:

OHAC 19, LLC

2. The name and the Florida street address of the registered agent and office are:

Carlin Miller

(Name)

4217 Linwood

Florida street address (P.O. Box **NOT** ACCEPTABLE)

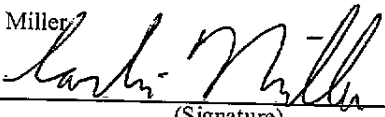
Sarasota

FL 34232

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S.

Carlin Miller



(Signature)

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

No. LC0046878

STATE OF MISSOURI




Matt Blunt
Secretary of State

CERTIFICATE OF GOOD STANDING
LIMITED LIABILITY COMPANY

I, MATT BLUNT, Secretary of State of the State of Missouri,
do hereby certify that the records in my office
and in my care and custody reveal that
OHAC 19, LLC

was filed in this office on the 23rd day of JANUARY, 2001,
became effective on the 23rd day of JANUARY, 2001, and is in
good standing, having fully complied with all requirements
of this office.

IN TESTIMONY WHEREOF, I have set my
hand and imprinted the GREAT SEAL of
the State of Missouri, on this, the
19th day of APRIL, 2001.


Secretary of State

