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TRANSMITTAL LETTER

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

SUBJECT:	A/C DOCTOR OF FLORI	,		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)-	
	•		•	
	•			
Enclosed is an origin	al and one(1) copy of the artic	les of incorporation and	a check for :	
S70.00	(X) \$78.75	□ \$78.75	. □ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
•	& Certificate of Status	& Certified Copy		
			& Certificate of	
	•	j. 4	Status	
		ADDITIONAL CO	PY REQUIRED	
		<u> </u>		
FROM	GLEN HARVEY			
Name (Printed or typed)				
272 TIMBERLINE TRAIL				
Address			- <u></u>	
•	•		;	
	ORMOND BEACH,	FL 32174		
	City, State & Zip			
	<i>547 656</i> 8 386- 615-9979			
	. Daytime '	Telephone number		
• • •				

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



July 26, 2004

GLEN HARVEY 272 TIMBERLINE TRAIL ORMOND BEACH, FL 32174

SUBJECT: A/C DOCTOR OF FLORIDA INC

Ref. Number: W04000028583

We have received your document for A/C DOCTOR OF FLORIDA INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Letter Number: 304A00046974

Tammy Hampton Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION OF A/C DOCTOR COM PLETEINC.

The undersigned incorporator hereby makes, subscribes to and acknowledges and files these Articles of Incorporation for the purpose of organizing and incorporating a corporation for profit under the laws of the State of Florida.

ARTICLE I

The name of the corporation shall be "A/C DOCTOR Complete INC" and it shall hereafter be referred to as "Corporation".

ARTICLE II

The time and date on which corporate existence of this corporation shall begin is September 1, 2004 and this corporation shall have a continual, perpetual existence thereafter.

ARTICLE III

The principal place of business and mailing address for this corporation is:

272 Timberline Trail Ormond Beach, FL 32174

ARTICLE IV

The aggregate number of shares which this corporation shall have the authority to issue is One Thousand. These shares shall consist of one class only and such class shall be known as "Common Stock" of the corporation. Each share shall have a par value of One dollar (\$1.00).

ARTICLE Y

The name and Florida street address of the initial Registered Agent is:

Glen Harvey

272 Timberline Trail Ormond Beach, FL 32174

To signify acceptance of appointment as Registered Agent and to signify agreement to keeping open said office per Chapter 48, Florida Statutes, the Registered Agent named in this Article has signed these Articles as required by Law.

SECRETARY OF STATE

ARTICLE VI

The name and address of the incorporator of the corporation is:

Glen Harvey 272 Timberline Trail Ormond Beach, FL 32174 SECRETARY OF STATE
DIVISION OF CORPORATIONS

ON NIIG -5 PM 1: 11

IN WITNESS WHEREOF, the undersigned incorporator, who is a natural person who is competent to contract under the Laws of Florida, by these presents, duly execute, acknowledge and cause to be delivered to the Florida department of State these Articles of Incorporation of A/C DOCTOR Complete INC. and he requests that the Department of State file these Articles, as of the date and time indicated in Article II hereof, and in accordance with Chapter 607 and Chapter 621, Florida Statutes, accordingly, the undersigned incorporator does hereunto set his hand and seal at Port Orange, Florida, this 20 day of July, 2004.

Glen Harvey

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in the certificate, I hereby accept the appointment as Registered Agent and agree to act in that 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 obligations of my position as Registered Agent.

Glen Harvey, Registered Agent

STATE OF FLORIDA COUNTY OF VOLUSIA

The foregoing acceptance of Registered Agent of A/C DOCTOR Complete INC. Was acknowledged before me by Glen Harvey as Registered Agent, who is personally known to me this 20 day of 10-4 2004

MICHAEL M. DIETCH, JR.
NOTANY
COMMISSION # DD113496
PUBLIC EXPIRES JUN 26 2006
STATE OF
ROMBO THEOLOGH
ADVANTAGE NOTARY

NAME: Michael M. Dietch Jr.

20 July or

Notary Public

State of Florida at Large