

P11000063676

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

47450

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000181475 3)))



H110001814753ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
all star a/c & refrigeration, inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUL 14 PM 2:30

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUL 14 PM 2:50

RECEIVED

Electronic Filing Menu Corporate Filing Menu Help

H11000181475

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME ALL STAR A/C & REFRIGERATION, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
9440 NW 10TH STREET
PEMBROKE PINES, FL 33024

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUISNESS

ARTICLE IV SHARES
The number of shares of stock is: 100 @ 1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>PRESIDENT LUIS M. MORALES</u>	Name and Title: _____
Address: <u>9940 NW 10TH STREET</u>	Address: _____
<u>PEMBROKE PINES, FL 33024</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LUIS M. MORALES
Address: 9940 NW 10TH STREET
PEMBROKE PINES, FL 33024

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: LUIS M. MORALES
Address: 9940 NW 10TH STREET
PEMBROKE PINES, FL 33024

2011 JUL 14 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature] Required Signature/Registered Agent 7-14-11 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature] Required Signature/Incorporator 7-14-11 Date

H11000181475