

P12000075728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

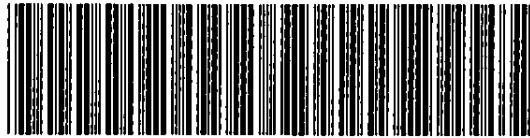
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400239137144

09/31/12--01011--007 **78.75

12 AUG 31 PM 4:42

RECEIVED
STATE OF TEXAS
COMPTROLLER OF PUBLIC ACCOUNTS

9/5

COVER LETTER

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

SUBJECT: UltraCool Air Conditioning Services, Inc .
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: KYLE ILIFF
Name (Printed or typed)

2019 SE MADISON ST
Address

STUART, FL, 34997
City, State & Zip

(772) 486 0192
Daytime Telephone number

ultracoolac@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

ULTRACOOOL AIR CONDITIONING SERVICES, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2019 SE MADISON ST
STUART, FL 34997

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO SERVICE AND INSTALL RESIDENTIAL AND COMMERCIAL HVAC EQUIPMENT.

ARTICLE IV SHARES

The number of shares of stock is 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KYLE ILIFF (PRESIDENT) Name and Title: _____
Address: 2019 SE MADISON ST Address: _____
STUART, FL 34997 _____

Name and Title: SAMANTHA ISHMAEL-ILIFF (VP) Name and Title: _____
Address: 2019 SE MADISON ST Address: _____
STUART, FL 34997 _____

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: KYLE ILIFF
Address: 2019 SE MADISON ST
STUART, FL 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SAMANTHA ISHMAEL-ILIFF
Address: 2019 SE MADISON ST
STUART, FL 34997

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



Required Signature/Registered Agent

8/29/2012

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.



Required Signature/Incorporator

8/29/2012

Date

12 AUG 31 PM 4:42
RECEIVED