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(Requestor's Name)				
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PICK-UP	WAIT .	MAIL		
(Bu	siness Entity Nam	ne)		
•	•	,		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2014

CARLOS CASTANO 990 N.W. 126 PATH MIAMI, FL 33182

SUBJECT: CAFES INC.

Ref. Number: W14000007010

We have received your document for CAFES 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.

Please return the corrected 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) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 814A00002404

COVER LETTER

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

_{SUBJECT:} D-a	ir conditioning co	-	
	(PROPOSED CORPORA	FE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: C	arlos Castano Name	(Printed or typed)	
99	90 nw 126 path		
	A	ddress	
m	iami, Florida 331		
78	City, 9	State & Zip	
	•	elephone number	
ca	rlosacastano@outlo		notification)
	Li man addicas, (to be used	o. ratare amian report	

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)

The name of the corpora	tion shall be: D-air conditioning	company	
	NCIPAL OFFICE		E E
000 pu 126 p	Principal street address	Mailing address, if di	
990 nw 126 pa	aln		70: 70
miami			<u> ႏ</u>
Florida 33182			3 5
ARTICLE III PUR	POSE to provi	de holistic solutions to	o heating
	frigeration and air condition		
	ial applications. This incli		n, repair,
installation, se	ervice, fabrication and mo	odifications.	
ARTICLE IV SHA	DEC 4000		
The number of shares of			
	TAL OFFICERS AND/OR DIRECTOR		
Name and Title	Carlos Castano, presider	Name and Title:	
Address	990 nw 126 path	Address:	
	Miami		
	Florida 33182		
			
Name and Title:		Name and Title:	
Address		Address:	
		· · · · · · · · · · · · · · · · · · ·	
Name and Title		Nome and Title	
Name and Title:			
Address		Address:	
		· · · · · · · · · · · · · · · · · · ·	

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and FI Name:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o Carlos Castano	of the registered agent is:	TA HAR -5 PM 3
Address:	990 nw 126 path	_	
	Mami, Florida 33182		
ARTICLE VII	INCORPORATOR Idress of the Incorporator is:		
Name:	Carlos Castano		
Address:	990 nw 126 path	_	
	Miami, Florida 33182	-	
	ned as registered agent to accept service of proces am familiar with and accept the appointment as re		
Required Signature/Registered Agent		<u> </u>	Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor		F.S.
	and Canton		Mar 3,2014
	Required Signature/Incorporator		Date