

P 1000097787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

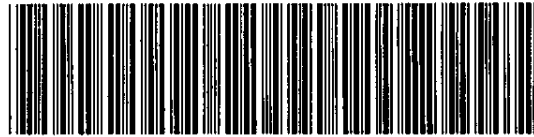
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL 32310
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C. GOLDEN
DEC 12 2016

Date: 12/09/2016

Account #: I20000000088

Name: ERIC HOOD

Reference #: T007012

ENTITY NAME: PHOENIXAIR II, INC.

Articles of Incorporation/Authorization to Transact Business

Amendment

Annual Report

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other: CERTIFICATE OF STATUS

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TALLAHASSEE, FLORIDA

Authorized Amount: \$ 78.75

Signature: Eric Hood

COVER LETTER

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

SUBJECT: PHOENIXAIR II, 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

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: GEORGE BEFELER, ESQ.
Name (Printed or typed)
1441 BRICKELL AVENUE, SUITE 1200
Address
MIAMI, FLORIDA 33131
City, State & Zip
305. 350.5159
Daytime Telephone number
gbcfeler@homerbonner.com
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA
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**PHOENIXAIR II, LLC
1440 SPORTSMAN LANE NE
PALM BAY, FLORIDA 32905**

December 2, 2016

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

RE: AUTHORIZATION FOR USE OF NAME - PHOENIXAIR II, INC

Dear Sir/Madam:

This letter is to inform you that I expressly hereby authorize the use of the name **PHOENIXAIR II, INC.**, for the formation of a new corporation of which I will be President, Director and Secretary.

Very truly yours,

PHOENIXAIR II, LLC, a Florida limited liability company

By: 

RODIN YOUNESSI, Manager

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME PHOENIXAIR II, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____

Mailing address, if different is: _____

1440 Sportsman Lane NE

1440 Sportsman Lane NE

Palm Bay, Florida 32905

Palm Bay, Florida 32905

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
To conduct any lawful business under Florida law.

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rodin Younessi, PDS Name and Title: _____

Address 1440 Sportsman Lane NE Address: _____

Palm Bay, Florida 32905 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Peter Homer, Esq.
 Address: 1441 Brickell Avenue, Suite 1200
 Miami, Florida 33131

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: George Befeler, Esq.
 Address: 1441 Brickell Avenue, Suite 1200
 Miami, Florida 33131

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

December 2, 2016

 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

December 2, 2016

 Date