# F13000003464

	(Requestor's Name)						
	(Address)						
	(Address)						
	(City/State/Zip/Phone #)						
PICK-UF	WAIT MAIL						
	(Business Entity Name)						
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions to Filing Officer:							

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SECRETARY OF STATE
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MRD/3

#### **COVER LETTER**

TO:		Filing Sec					
		ion of Cor	•	4!			!! !
SUB	JECT:	Chari				ind Air Condit	ioning, inc.
			Name o	of corporat	ion	- must include suffix	
Dear	Sir or M	ladam:					
"Cert	ificate o	f Existenc		of Good S	Stan	ling" and check are sub	ct Business in Florida," mitted to register the
Please	e return	all corresp	ondence concerni	ng this ma	itter	to the following:	
Pai	mela	Charl	and				
				Name	of F	erson	
Ch	arlan	d Refi	rigeration a	and Air	- C	onditioning, Ir	nc.
				Firm/C	omj	bany	
243	3 Hal	ds Ro	ad, PO Bo	x 220			
				Ac	ldre	SS	
We	stpo	rt, NY	12993				
<del></del>				City/Stat	e ar	d Zip code	
par	nchar	land@	aol.com				
			E-mail address	: (to be use	ed fo	or future annual report r	notification)
For fi	ırther in	formation	concerning this m	atter, plea	se c	all:	
Pamela Charland			518		962-8598		
<del></del>	Nam	e of Perso	n			ode & Daytime Teleph	one Number
	STRI	EET/COU	RIER ADDRES	S:		MAILING A	DDRESS:
New Filing Section Division of Corporations				New Filing Section Division of Corporations			
Clifton Building				P.O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32301				Tallahassee, FL 32314			
	ranai	nassee, FL	. 32301				
Enclo	sed is a	check for	the following amo	ount:			
<b>= \$</b> 7	70.00 Fil	ing Fee	Certificate of			\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2013

PAMELA CHARLAND
CHARLAND REFRIGERATION AND AIR CONDITION
243 HALDS ROAD, PO BOX 220
WESTPORT, NY 12993

SUBJECT: CHARLAND REFRIGERATION: AND AIR CONDITIONING, INC.

Ref. Number: W13000042530

We have received your document for CHARLAND REFRIGERATION AND AIR CONDITIONING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap Regulatory Specialist II

Letter Number: 413A00018335

Thank you, Panda Chaland,

www.sunbiz.org

Corrected name

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Charland Refrigeration and Air Conditioning, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) New York State (State or country under the law of which it is incorporated) (FEI number, if applicable) 10/25/1989 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 243 Halds Road, Westport, NY 12993 (Principal office address) PO Box 220, Westport, NY 12993 (Current mailing address) Holding Company (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Assistant Secretary

(Registered agent's signature)

(City)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS FILED Chairman: Vice Chairman: Address: \_ Director: \_ **B. OFFICERS** President: Bruce A. Charland Address: PO Box 220, Westport NY 12993 Vice President: Pamela J. Charland Address: PO Box 220, Westport NY 12993 Secretary: Pamela J. Charland Address: PO Box 220, Westport NY 12993 Treasurer: Bruce A. Charland Address: PO Box 220, Westport NY 12993 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. 14. Pamela J. Charland, Vice President

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CHARLAND REFRIGERATION & AIR CONDITIONING, INC. was filed on 10/25/1989, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 12th day of July two thousand and thirteen.

Continy Scardina

Executive Deputy Secretary of State