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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
00 MAR -8 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.**ROQUE & SON APPLIANCE AIR CONDITIONER, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION.

Of

ROQUE & SON APPLIANCE AIR CONDITIONER, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is: **ROQUE & SON APPLIANCE AIR CONDITIONER, INC.**

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One hundred shares (100) of five Dollar (s) (\$ 5.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and name of the Initial Registered Agent at that office is:

NAME	IVAN ROQUE.		
ADDRESS	4710 NW 197 ST		
CITY	MIAMI	FLORIDA	ZIP 33056

The principal office, if known, or the mailing address of the corporation is:

NAME	IVAN ROQUE.		
ADDRESS	4710 NW 197 ST		
CITY	MIAMI	FLORIDA	ZIP 33056

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have One (1) directors initially. The number of directors may be either increased or diminished from time to time by-laws, but shall never be than one (1).

The name and addresses of the initial director (s) of the corporation are as follows:

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NAME	IVAN ROQUE		
ADDRESS	4710 NW 197 ST		
CITY	MIAMI	STATE	FLORIDA
			ZIP 33055
NAME	OSVALDO ROQUE		
ADDRESS	4855 NW 199 ST. LOT 284		
CITY	MIAMI	STATE	FLORIDA
			ZIP 33055
NAME			
ADDRESS			
CITY		STATE	
			ZIP
NAME			
ADDRESS			
CITY		STATE	
			ZIP

ARTICLE VII - INCORPORATORS

The name and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	IVAN ROQUE		
ADDRESS	4710 NW 197 ST		
CITY	MIAMI	STATE	FLORIDA
			ZIP 33055.
NAME	OSVALDO ROQUE		
ADDRESS	4855 NW 199 ST LOT 284		
CITY	MIAMI	STATE	FLORIDA
			ZIP 33055.
NAME			
ADDRESS			
CITY		STATE	
			ZIP
NAME			
ADDRESS			
CITY		STATE	
			ZIP

IN WITNESS WHERE OF, the undersigned subscriber (s) have executed these Articles of Incorporation this 07th day of MARCH, 2000.

PREPARED: SOSA ACCOUNTING TAX SERVICE
 570 E 49 ST HIALEAH, FL 33013
 (305) 888-1716
 (305) 688-1714

 (Seal)
 (Seal)
 _____ (Seal)

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT
OF
ROQUE & SON APPLIANCE AIR CONDITIONER, INC.**
(name of corporation)

Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, to organize under the laws of the State of Florida with its registered
office as indicated in the Articles of Incorporation.

AT: **4710 NW 197 ST**
MIAMI, FLORIDA 33055.
has named **IVAN ROQUE.**

located at the aforesaid address, as its Registered Agent to accept service of process within
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above state
corporation at the place designated in this certificate, and being familiar with the
obligations of that position, I hereby accept to act in this capacity, and agree to comply with
provisions of Florida Law in keeping open said office.


(registered agent)

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