

PD1000114573
TRANSMITTAL LETTER

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

600004701046--1
-11/30/01--01079--018
*****87.50 *****87.50

SUBJECT: Alpha Air Conditioning & Appliances, Inc.
(PROPOSED CORPORATE NAME + MUST INCLUDE SUFFIX)

Enclosed is 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: Barbara A. Wilson
Name (Printed or typed)

5186 N.W. 52 Street
Address

Coconut Creek, FL 33073
City, State & Zip

954-418-0490
Daytime Telephone number

FILED
01 NOV 30 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

P.S. 12/4/01

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Alpha Air Conditioning & Appliances, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7667 W. Sample Road, Suite 170
Coral Springs, FL 33043

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Air Conditioning Service

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Barbara Wilson
7667 West Sample Road
Suite 170
Coral Springs, FL 33065

Matt Lewandowski, V. P.
7667 West Sample Road
Suite 170
Coral Springs, FL 33065

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Barbara A. Wilson
5186 NW 52 Street
Coconut Creek, FL 33073

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barbara Wilson
7667 West Sample Road, Suite 170
Coral Springs, FL 33065

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

FILED
01 NOV 30 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA