

P03000118667

(Requestor's Name)

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(City/State/Zip/Phone #)

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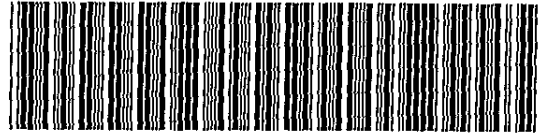
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/23

## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

*Phagan Refrigeration and A/C Service, 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:

*William O. Phagan*  
Name (Printed or typed)

*26 2<sup>nd</sup> Ave*  
Address

*Ft. Walton Beach, Ft 32547*  
City, State & Zip

*850-862-4202*  
Daytime Telephone number

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)

**ARTICLE I NAME**

The name of the corporation shall be:

Phagan Refrigeration and A/C Service, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

26 2nd Ave.  
Fort Walton Beach, Florida 32457

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To Contract for Refrigeration and A/C instillation and Repair.

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

President/Sec. --- William O. Phagan  
26 2nd Ave.  
Fort Walton Beach, Florida 32547

**ARTICLE VI REGISTERED AGENT**

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

William O. Phagan  
26 2nd Ave.  
Fort Walton Beach, Florida 32547

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

William O. Phagan  
26 2nd Ave.  
Fort Walton Beach, Florida 32547

\*\*\*\*\*

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

William O. Phagan  
Signature/Registered Agent

16 oct 03  
Date

William O. Phagan  
Signature/Incorporator

16 oct. 03  
Date

FILED  
03 OCT 20 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA