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03 NOV -7 AM 10:23  
SECRETARY OF STATE  
MAIL ROOM

## TRANSMITTAL LETTER

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

**SUBJECT:** Gonzalez Comfort Systems, 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:** Daniel L. Gonzalez

Name (Printed or typed)

11380 Dean's Street

Address

Bonita Springs, FL 34134

City, State & Zip

(980) 253-4595

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:

Gonzalez Comfort Systems, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

11380 Dean's Street  
Bonita Springs, FL 34134 (Street & Mailing)

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Heating & Air Conditioning Service and Installation

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

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

Daniel L. Gonzalez  
11380 Dean's Street  
Bonita Springs, FL 34134 (incorporator and President)

**ARTICLE VI REGISTERED AGENT**

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

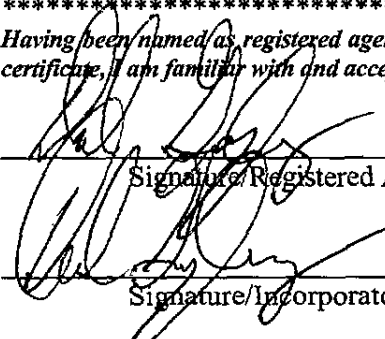
Daniel L. Gonzalez  
11380 Dean's Street  
Bonita Springs, FL 34134

**ARTICLE VII INCORPORATOR**

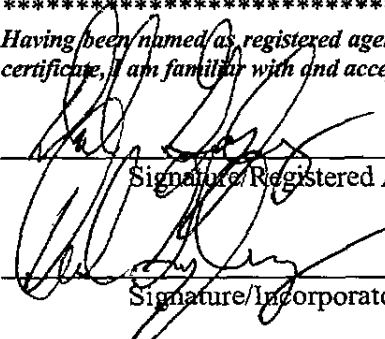
The name and address of the Incorporator is:

Daniel L. Gonzalez  
11380 Dean's Street  
Bonita Springs, FL 34134

\*\*\*\*\*  
*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

11-6-03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11-6-03  
\_\_\_\_\_  
Date

**FILED**

03 NOV -7 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA