

P0500 0030116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

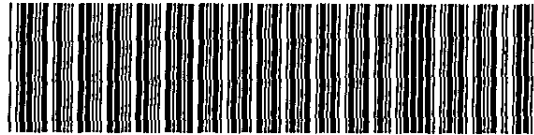
(Business Entity Name)

(Document Number)

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

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## TRANSMITTAL LETTER

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

SUBJECT: Jacksonville Pure Air 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: John Leach  
Name (Printed or typed)

4377 Port Arthur Road  
Address

Jacksonville, Florida 32224-5886  
City, State & Zip

904-223-3836  
Daytime Telephone number

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

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# 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:

Jacksonville Pure Air Systems, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4377 Port Arthur Road  
Jacksonville, Florida 32224-5886

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The sale and marketing of fans, filters & accessories

## ARTICLE IV SHARES

The number of shares of stock is:

300

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

John Leach - 4377 Port Arthur Road, Jacksonville, Florida 32224-5886 - President & Chief Executive Officer

Steve Potter - 4377 Port Arthur Road, Jacksonville, Florida 32224-5886 - Vice President & Chief Operating Officer

Edward Baickle - 8264 Haverhill Street, Jacksonville, Florida 32211-5174 - Vice President & Secretary Treasurer

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

John Leach  
4377 Port Arthur Road  
Jacksonville, Florida 32224-5886


## ARTICLE VII INCORPORATOR

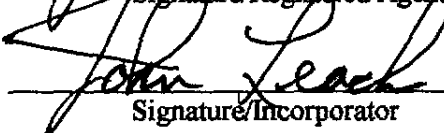
The name and address of the Incorporator is:

John Leach  
4377 Port Arthur Road  
Jacksonville, Florida 32224-5886

\*\*\*\*\*

*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

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

02/17/05

Date

02/17/05

Date

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