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**TRANSMITTAL LETTER**

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

**SUBJECT:** Cool Zone Air Conditioning & Heating 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Dwayne B. Williams

Name (Printed or typed)

1821 Buckridge Road

Address

Jacksonville, Florida 32225

City, State & Zip

(904) 294-6778

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:

Cool Zone Air Conditioning & Heating Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

1821 Buckridge Road Jacksonville, Florida 32225

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is:

One Hundred (100) Shares

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

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

Dwayne B. Williams President  
1821 Buckridge Road  
Jacksonville, Florida 32225

**ARTICLE VI REGISTERED AGENT**

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

Dwayne B. Williams  
1821 Buckridge Road  
Jacksonville, Florida 32225

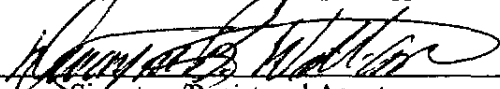
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Orender's Income Tax Service  
Janine A. Orender Owner  
540223 US 1  
Callahan, Florida 32011

\*\*\*\*\*

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

4-1-05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator  
JANINE A. ORENDER

4/1/05  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA