

P05000058218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

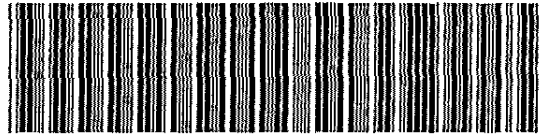
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FILED
05 APR 18 AM 7:33
NOTARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch APR 21 2005

TRANSMITTAL LETTER

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

SUBJECT: CTS 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: CTS Systems, Inc.

Name (Printed or typed)

441 Kendall Avenue

Address

Sebastian, FL 32958

City, State & Zip

772-473-3588

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:

CTS Systems, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

441 Kendall Avenue, Sebastian, FL 32958

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Legal Corporation for profit Heating & A/C Installation and Repair

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Christopher Severino - President 441 Kendall Ave, Sebastian, FL 32958, Nancy Severino - Vice President, 441 Kendall Ave, Sebastian, FL 32958

ARTICLE VI REGISTERED AGENT

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

Christopher Severino, 441 Kendall Ave., Sebastian, FL 32958

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christopher Severino, 441 Kendall Ave., Sebastian, FL 32958

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

4/13/05

Date



Signature/Incorporator

4/13/05

Date

FILED
05 APR 18 AM 7:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA