

PO60000082506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

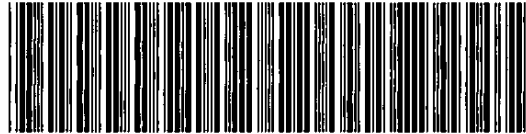
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MRS
6/19

FILED
06 JUN 16 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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06 JUN 16 AM 10:13

ARTICLE I NAME

The name of the corporation shall be:

Creeks Air Conditioning + Heating, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1765 Bayside Blvd. Jacksonville, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mechanical Contracting

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Tina R. Smith - President / Treas.

Ben W. Smith, JR. - Vice-President / Secretary

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Tina R. Smith

1765 Bayside Blvd., Jacksonville, FL 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tina R. Smith + Ben W. Smith, JR.

1765 Bayside Blvd. Jacksonville, FL 32259

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

Tina R. Smith

Signature/Registered Agent

6/13/06

Date

Tina R. Smith (Ben W. Smith, JR.)

Signature/Incorporator

6/13/06

Date

COVER LETTER

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

SUBJECT: CREEKS 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

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Tina R. & Ben W. Smith
Name (Printed or typed)

1765 Bayside Blvd.
Address

Jacksonville, FL 32259
City, State & Zip

904-316-1088 or 904-838-5933
Daytime Telephone number

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