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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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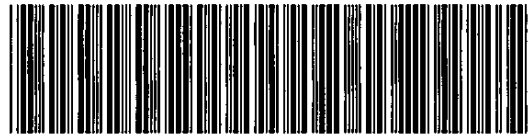
(Business Entity Name)

(Document Number)

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05/25/06--01057--020 **87.50

FILED
06 MAY 25 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/2/06
24477
SP
6/2/06

COVER LETTER

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

SUBJECT: Air-Solutions Service, Corp.

(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: Leonel Porro
Name (Printed or typed)

P.O. Box 44-1917
Address

Miami, Florida 33144
City, State & Zip

305-234-3558
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2006

LEONEL PORRO
P.O. BOX
MIAMI, FL 33144

SUBJECT: AIR-SOLUTIONS, CORP.
Ref. Number: W06000024477

We have received your document for AIR-SOLUTIONS, CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Document Specialist
New Filing Section

Letter Number: 106A00037166

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:

Air-Solutions Service, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 44-1917, Miami, Florida 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1500 Common Shares Par Value \$0.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Director & President

Leonel Porro

P.O. Box 44-1917

Miami, Florida 33144

ARTICLE VI REGISTERED AGENT

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

Leonel Porro

8555 SW 152 Ave. #104

Miami, Florida 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leonel Porro

8555 SW 152 Ave. #104

Miami, Florida 33193

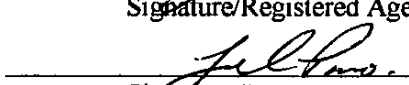
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6/17/06

Date



Signature/Incorporator

6/17/06

Date

FILED
06 MAY 25 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA