

P07000038694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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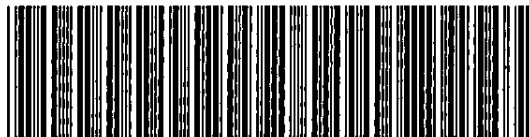
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Robinson Barnhardt Air Conditioning + Heat 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: Terry Dale Robinson
Name (Printed or typed)

828 Mimosa Dr
Address

Altamonte Springs FL 32714
City, State & Zip

407 733-0230
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:

Robinson Barnhardt Air Conditioning & Heat Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

828 mimosa Dr.
Altamonte Springs Fl. 32714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Install, Repair, HCAC/R Equip.

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):

Terry Robinson
Vise President
828 mimosa Dr.
Altamonte Springs Fl 32714

Bobby Barnhardt
President
321 Little Springs Lane
Longwood Fl. 32750

ARTICLE VI REGISTERED AGENT

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

Terry Robinson
828 mimosa Dr.
Altamonte Springs Fl. 32714

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Terry Robinson
828 mimosa Dr.
Altamonte Springs Fl. 32714

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

Date

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA