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COVER LETTER

FILEU SECRETARY OF STATE DIVISION OF CURPORATIONS

07 DEC 17 PH 4:13

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

SUBJECT: ROBERT'S HVAC REFLIGERATION INCORPORATED, 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
mostly.				
FROM: ROBERT E MILLER DE Name (Printed or typed)				
432 YORKSHIRE ST.				
PT CHARLOTTE FL 33954 City, State & Zip				
941-915-9986 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)	
The name of the corporation shall be:	
ROBERT'S HVAC REFRIBERATION	INCORPORATED, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
432 YORKSHIRE ST	9
PT CHARLOTTE FL 33954 ARTICLE III PURPOSE	SECRET VISION C
The purpose for which the corporation is organized is:	
SERVICE & CONSTRUCTION ProvIDER	CORPORATE TO THE PROPERTY OF STATE OF S
ARTICLE IV SHARES The number of shares of stock is:	COF STATE ORPORATION
1,000	S
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): ROBERT E MILLER DR, 432 YORKSHIRE S OWNER	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the ROBERT E MILLER JR, 432 YORKSH	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: ROBERT E MILLER Da, 432 YORKSHIR	E S A CHARLOTTE F.
KOBERT E MILLER JR., TOX TOPERSHIP	CE OI II GIRALOTTO II
**************************************	**************************************
certificate, I am familiar with and accept the appointment as registered agent and ag	
igneture/Registered Agent	-, 12-12-07 Date

Signature/Incorporator

33°

12-12-07 1 Date