P08000027435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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: Compressor Specialist, ~~Inc~~ Corporation
(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: JUAN MARTES
Name (Printed or typed)

5292 Paradise Cay Circle
Address

Kissimmee, FL 34746
City, State & Zip

407-433-6522
Daytime Telephone number

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 29, 2008

JUAN MARTES
5292 PARADISE CAY CIRCLE
KISSIMMEE, FL 34746

SUBJECT: COMPRESSOR SPECIALIST, CORPORATION
Ref. Number: W08000010776

We have received your document for COMPRESSOR SPECIALIST, CORPORATION 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 document must state the number of shares of authorized stock.

Please return 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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 508A00012847

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: Compressor Specialist, ~~INC~~ Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5292 PARADISE CAY Circle
Kissimmee, FL. 34746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sales, Service, Distribution for all types of semihermetic Compressors and motors.

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):

JUAN MARTES - Coporate officer
5292 PARADISE CAY Circle
Kissimmee, FL. 34746.

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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:

JUAN MARTES
5292 PARADISE OAK Circle
Kissimmee, FL. 34746

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

JUAN MARTES
5292 PARADISE OAK circle
Kissimmee, FL. 34746

****

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

Juan Martes — Signature/Registered Agent — 2/21/08 — Date

Juan Martes — Signature/Incorporator — 2/21/08 — Date

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08 MAR 14 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA