

P08000027435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

Certified Copies _____

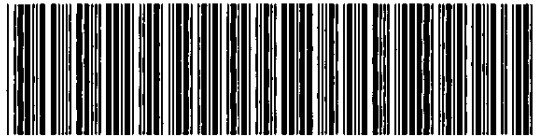
Certificates of Status _____

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02/28/08--01023--015 **87.50

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

FILED

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/mailling 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 compressors and motors.
semihermetic*

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 - Corporate officer
5292 PARADISE CAY Circle
Kissimmee, FL 34746*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

JUAN MARTES
5292 PARADISE OAY Circle
Kissimmee, FL 34746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JUAN MARTES
5292 PARADISE OAY 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 14 PM 2:52

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