

PO9000067444

(Requestor's Name)

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(City/State/Zip/Phone #)

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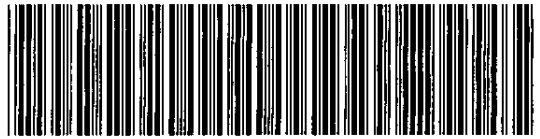
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09 AUG 10 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EP 8/11/09

## COVER LETTER

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

SUBJECT: Pro-Mechanical Air Conditioning, 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: Michael R Wayne  
Name (Printed or typed)

1756 SE Clearmont St  
Address

Port St Lucie FL 34983  
City, State & Zip

772-370-6961  
Daytime Telephone number

MRWAYNE1756@aol.com  
E-mail address: (to be used for future annual report notification)

**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  
Pro-Mechanical Air Conditioning and Electric, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
1756 SE Clearmont St Port St Lucie, FI 34983

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
HVAC and Electrical contracting for residential and commercial service, sales, installation, and maintenance

**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):  
Rebecca Wayne 1756 SE Clearmont St Port ST Lucie, FI 34983 President  
Mike Wayne 1756 SE Clearmont St Port ST Lucie, FI 34983 Vice President

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Mike Wayne  
1756 SE Clearmont St Port ST Lucie, FI 34983

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Rebecca Wayne 1756 SE Clearmont ST Port ST Lucie, FI 34983

\*\*\*\*\*  
*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*

Mike Wayne  
Signature/Registered Agent  
Rebecca Wayne  
Signature/Incorporator

8-4-09  
Date  
8-4-09  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA