# P09000091898

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

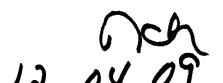
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## **COVER LETTER**

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

SUBJECT: CENTR	AL FLORIDA FIREPLACES & G	AS SERVICES INC.	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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: DA	VID JOESPH MILLER Nam	e (Printed or typed)	
179	37 RUBY LANE		
		Address	-
GR	OVELAND, FLORIDA 34736 City.	, State & Zip	
407			
	Daytime 1	Telephone number	_
DMI	LLER@ALLGLASS.COM		
	E-mail address: (to be use	ed for future annual report r	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)

### NAME

The name of the corporation shall be:

Central Florida Fireplaces + GAS Services Inc

#### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1007 Sunshine lane Altamonte Springs Fl 32714

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Install Gas Piping For Homeowners

To Install Wood, Gas Fireplaces + Install Gas Piping For Homeowners + Builders

#### 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):

David Miller

17937 Rudylane Grovoland Fl 34736

President

REGISTERED AGENT

JAMES KACHIK 3 Wintergroon WAT orlando Fl 32825 V-President

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

David Miller 17937 Ruby/Anc

Groveland Fl 34736

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Miller

17937 Qubylane

Groveland Fl 34736

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

/ \( \sigma - 1 - 0 \( \text{P} \)

Date