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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: QUALITY HVAC SERVICES, 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: TIMOTHY D. GARRANEY
Name (Printed or typed)

785 ASHLEY Circle
Address

ALFORD FL 32420
City, State & Zip

850 - 573 - 7072
Daytime Telephone number

95TV1220 @ PHONE1.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:

QUALITY HVAC SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

785 ASHLEY Circle
ALFORD FL 32420

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO INSTALL AND REPAIR AIR CONDITIONING, HEATING, REFRIGERATION
AND VENTILATION SYSTEMS.

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):

TIMOTHY D. GAFFANEY, PRESIDENT
785 ASHLEY Circle
ALFORD, FL 32420

VICTORIA L. GAFFANEY VICE PRESIDENT
785 ASHLEY Circle SECRETARY
ALFORD, FL 32420 TREASURER

ARTICLE VI REGISTERED AGENT

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

785 ASHLEY Circle
ALFORD FL 32420

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TIMOTHY D. GAFFANEY
785 ASHLEY Circle
ALFORD FL 32420

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

Timothy D. Gaffaney
Signature/Registered Agent
Timothy D. Gaffaney
Signature/Incorporator

1-4-10

Date

1-4-10

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA