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(Requestor's Name)			
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PICK-UP	WAIT	MAIL	
			
(Bu	siness Entity Nar	me)	
(Document Number)			
Cartified Coning	Cortificator	a of Status	
Certified Copies	_ Certificates	s or Status	
Special Instructions to	Filing Officer:		
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SECRETARY OF STATE
TALLAHASSEE FLORIDA



COVER LETTER

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

SUBJECT: Wood lawn Me (PROPOSED CORPORA)	chanical	COSP.			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status			
FROM: Rex C Davis Name (Printed or typed)					
Name (Printed or typed)					
37 Seminale Drive					
DEFUNIAR SPRINGS FL 32433					
850-307 - 8229 Daytime Telephone number					
E-mail address: (to be used		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)

The name of the corpor	attion shall be: $Wood$ $ awn N$	lechan's	cal Cosp.	
	UNCIPAL OFFICE			
·2 ~	Principal street address	Mai	iling address, if different is:	
2 /	1 seminote Vrive			
	reFuniah Sylims FL	· · · · ·		
			\	
	RPOSE the corporation is organized is:		,	
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MEDTING	and All Condition	ואס ניסטיין	ALSE TO	
			LAR	
			F5 2	
			SS S	
ARTICLE IV SH The number of shares o	IARES		Ho Z	
The number of states o	isothis. 7000		FL'S RS	
	ROL C DAVIG - RICCIO de H	Name and Title.	PM 12: 04	
Name and Title:_ Address:	37 Seminole Drive	Address:	1/) 1 Sm	
	DEFUNAR SUS, FL		17 1 M	
_	1 32433			
Name and Title:		Name and Title:		
Address:	N A	Address:	/V	
	Political and an experience of the second se		<u> </u>	
Name and Title:_		Name and Title:		
Address:	-/U) A	Address:	// /1	
		_		
ARTICLE VI RE	GISTERED AGENT			
	street address (P.O. Box NOT acceptable) of t	the registered agent is	** **	
Name:	Red C Davis			
Address:	Definition 500 5/32	433		
	VI CONUA APPLIE	())		
	CORPORATOR			
The <u>name and address</u> Name:	Kex C Davis			
Address:	DeFunial Sob FL 32	4.53		
	Detunian 308, F6 32	433		
Having been named as	s registered agent to accept service of process	for the above stated	corporation at the place designated in	
this certificate, I am fai	miliar with and accept the appointment as regis	tered agent and agre	ee to act in this capacity	
Nox C.	Haren		7-17-11	
100/1 -/	Required Signature/Registered Agent	 	Date	
	vedmier sisusmic vesizierer visett		Date	
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
accument to the Depart	iment of State constitutes a third degree felony	as provided for in s.	517.133, P.S.	
Max C.	David		7-21-11	
, - ,	Required Signature/Incorporator		Date	