

P11000094728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

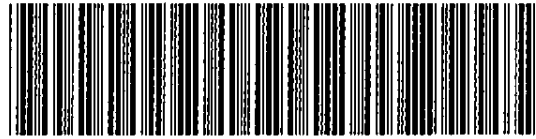
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900213645439

10/31/11--01005--016 **78.75

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11 OCT 31 AM 10: 57

RECEIVED

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 OCT 31 AM 8: 13

Handwritten signature

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. LAKE AIR CONDITIONER, Corp
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2.00 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

2011 OCT 31 AM 8:13
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Examiner's Initials

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE

2011 OCT 31 AM 8:13

ARTICLE I NAME LAKE AIR CONDITIONER, CORP
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
1007 SW 71 CT
MIAMI
FLORIDA 33144

Mailing address, if different is:
1007 SW 71 CT
MIAMI
FLORIDA 33144

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
AIR CONDITIONING SERVICES

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES @ 1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT Name and Title: _____
Address: NELSON ECHEVERRIA Address: _____
1007 SW 71 CT
MIAMI, FLORIDA 33144

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: NELSON ECHEVERRIA
Address: 1007 SW 71 CT
MIAMI, FLORIDA 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NELSON ECHEVERRIA
Address: 1007 SW 71 CT
MIAMI, FLORIDA 33144

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

X Nelson Echeverria
Required Signature/Registered Agent

10/24/2011
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.

X Nelson Echeverria
Required Signature/Incorporator

10/24/2011
Date