# 200002002

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 : (800)494-3124 Phone Fax Number : (561)455-9885

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# FLORIDA PROFIT/NON PROFIT CORPORATION CHILLER MEDIC INC

Certificate of Status	O Contract to the Process of the Pro
Certified Copy	0
Page Count	03
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# **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:

CHILLER MEDIC INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5065 SCAFF ROAD SAINT AUGUSTINE, FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

# ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT
DAVID LAMPP
5065 SCAFF ROAD
SAINT AUGUSTINE, FL 32092

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SFORETARY OF STATE TAULAMASSEE, FLEREDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

SUPERBIZ REGISTERED AGENT, INC. 2761 VISTA PARKWAY, SUITE E4 WEST PALM BEACH, FL 33411

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

DAVID LAMPP 5065 SCAFF ROAD SAINT AUGUSTINE, FL 32092

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.

SUPERBIZ REGISTERED AGENT, INC./ Registered Agent

2/28/2012

Date

DAVID LAMPP /Incorporator

Date

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