

P/2000073426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch AUG 28 2012

COVER LETTER

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

SUBJECT: 3P Mechanical 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: Anthony Penavolpe
Name (Printed or typed)
3571 NW 99 Avenue
Address
Coral Springs, FL 33065
City, State & Zip
(954) 818-4364
Daytime Telephone number
3P Mechanical@gmail.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: 3P Mechanical Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3571 NW 99 Avenue
Coral Springs, FL 33065

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The sales, service, and installation of heating, ventilation, air conditioning, and refrigeration systems.

ARTICLE IV SHARES

The number of shares of stock is: One thousand shares of common stock, having a par value of ten cents per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony Penevolpe "President" Name and Title: _____

Address: 3571 NW 99 Avenue Address: _____
Coral Springs, FL 33065

Name and Title: Monica Penevolpe "S" Name and Title: _____

Address: 3571 NW 99 Avenue Address: _____
Coral Springs, FL 33065

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: Anthony Penevolpe

Address: 3571 NW 99 Avenue
Coral Springs, FL 33065


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anthony Penevolpe

Address: 3571 NW 99 Avenue
Coral Springs, FL 33065

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

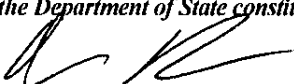


Required Signature/Registered Agent

8/22/12

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.



Required Signature/Incorporator

8/22/12

Date