P12000100838		
(Requestor's Name) (Address) (Address)	100242300381	
(City/State/Zip/Phone #)	12/10/1201034014 **87.50	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED SEOK LASS OF 10 PH 3:05	
Office Use Only	1	

COVER LETTER

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

SUBJECT:

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee

Filing Fee & Certificate of Status

\$78.75

\$78.75\$87.50Filing FeeFiling Fee,& Certified CopyCertified Copy& Certificate ofStatusADDITIONAL COPY REQUIRED

, <u><u>HOVE</u> (OY Name (Printed or typed)</u> JoliO FROM: ____ GN 179 TERRACE. 05151 Hiami FL 33177 City, State & Zip <u>766 - 443 - 4606</u> Davtime Telephone number <u>Julion Airconditioning</u> yahoo. com E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ł

د

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: Job	io M Air Conc	litioning Inc.	
ARTICLE II PRINCIPAL OFFICE Principal street addres	179 Terrado	Mailing address, if different is: P.O. BOX 924498 Homesteach FL 33092	
ARTICLE III PURPOSE The purpose for which the corporation is organ Any and all la		SS .	
ARTICLE IV SHARES The number of shares of stock is: O			
ARTICLE V INITIAL OFFICERS AN Name and Title: Juli() HOM Address: 12120 SU Migmi, FL		Title:	
Name and Title:Address:	Address:	· · · · ·	
	Name and Address:	Title:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Bo Name: TOLIO Address: 20321 MiQMI MiQMI	x NOT acceptable) of the registere SVEVON STO 116+6AVE FL 33189	d agent is:	
ARTICLE VIIINCORPORATORThe name and address of the Incorporator is:Name:Address:QOBRINGMICIMU	1010101 101116#ADe 702716#ADe 7123189		
Having been named as registered agent to according the sectificate, I am familiar with and accept the section of the section o			
Required signature/F	Registered Agent	11-30-12 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	e/Incorporator	11-3012. Date	