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(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
	•		

Office Use Only



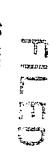
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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: TONY COLOR CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	<u>JDE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l 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 REQUIR				
FROM: T.A. Kelly Name (Printed or typed) 5747 A Woodlane Cia				
	Tallahassee	Fl. 3230 State & Zip	2	
<u>``</u>		774 clephone number		
	tony otony k	d 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)

The name of the corporation shall be: Tony kelly Heating	and Air inc. Flight		
ARTICLE II PRINCIPAL OFFICE Principal street address 5147 A Nowlane Cia. Tallahussee, # 32303	13 JAN - 7 PM 1: 52 Mailing address, if different is: SECRETARY OF STATE FALL AHASSEE FLORIDA		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY and	All Lawfull business		
ARTICLE IV SHARES The number of shares of stock is: 500			
Name and Title: Thomas A. Cally - Mame Address: 514A wood are Co. Address: Jallahassee - 32303	and Title:ess:		
Name and Title: CHRIS WINDHAM; V.P Name Address: 5147A Wood lane Cie Addre Jallahussec, + 32313	e and Title:ess:		
Name and Title: Rhanda Kolly, Treasure Name Address: 3542 lake Share Dr. & Addre Tallah uscee, Fl. 32312			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the region of the re	istered agent is:		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: T. A. Kelly Address: Talanessee, Fr. 32303			
Having been named as registered agent to accept service of process for the this certificate, I am familiar with and accept the appointment as registered			
Required Agenature/Registered Agent	1-07-2013 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 Pepartment of State constitutes a third degree felony as provided for in s.817.155, F.S.			
A. Required Signature/Incorporator	1-07-2013 Date		