713000017731

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PłCK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | · |
| | · | |
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Office Use Only



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13 FEB 22 AM II: 16 SECRETAGY OF STATE

JL SANSSENS FEB 25 2013

COVER LETTER

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

| SUBJECT: THE | ERMO TRADE C | | |
|-------------------------|--|--|---|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | d a check for: |
| ■ \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED |
| Т | HERMO TRADE | CORP | |
| FROM: | | e (Printed or typed) | |
| 96 | 654 SW 138th A | /E | |
| | | Address | |
| M | IAMI, FL 33186 | | |
| | City, | State & Zip | |
| 78 | 36 241-7003 | | |

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

Daytime Telephone number

joseluis@northbell.net

E-mail address: (to be used for future annual report notification)

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

| TICLE I NAME name of the corporation shall be: THERMO TRADE OFFICE Principal street address 54 SW 138th AVE | | | Mailing address, if different is: | | |
|---|--|--|---------------------------------------|--|--|
| | | 5 | | | |
| AMI, FL 3 | 3186 | | | | |
| TICLE III PU | IRPOSE h the corporation is organized is: | DRT A/C UNITS, PARTS, SUPPL | LIES AND GENERAL MERCHANDIS | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | HARES of stock is: | | 13 FEB 22 SECHEINST FAILAHASSEE | | |
| ICLE V II | VITIAL OFFICERS AND/OR DIRECTOR | <u>s</u> | FEB 22 CAHASSER | | |
| ICLE V II Name and T | VITIAL OFFICERS AND/OR DIRECTOR itle: JOSE LUIS GARCIA GODOS,P/T | S Name and Title: | FEB 22 CAHASSER | | |
| ICLE V II | VITIAL OFFICERS AND/OR DIRECTOR | <u>s</u> | CANT CHO EBJ | | |
| Name and T Address | MITIAL OFFICERS AND/OR DIRECTOR itle: JOSE LUIS GARCIA GODOS,P/T 9654 SW 138th AVE MIAMI, FL 33186 | S Name and Title: Address: | FEB 22 CAHASSER | | |
| Name and T Address | MITIAL OFFICERS AND/OR DIRECTOR itle: JOSE LUIS GARCIA GODOS,P/T 9654 SW 138th AVE MIAMI, FL 33186 CESARE DIEZ,VP/SEC | S Name and Title: Address: Name and Title: | FEB 22 AH III: 16 | | |
| Name and T Address Name and Ti | MITIAL OFFICERS AND/OR DIRECTOR itle: JOSE LUIS GARCIA GODOS,P/T 9654 SW 138th AVE MIAMI, FL 33186 CESARE DIEZ,VP/SEC | S Name and Title: Address: Name and Title: | FEB 22 AH III: 16 | | |
| Name and T Address Name and Ti | MITIAL OFFICERS AND/OR DIRECTOR JOSE LUIS GARCIA GODOS,P/T 9654 SW 138th AVE MIAMI, FL 33186 CESARE DIEZ,VP/SEC 9654 SW 138th AVE | Name and Title: Address: Name and Title: Address: | FEB 22 AH III: 16 | | |

| Address | - | Address: | | |
|-------------------|--|--|---|----------------|
| | | | | |
| | | | | |
| ARTICLE VI | REGISTERED AGENT | | | |
| The name and F | orida street address (P.O. Box NOT acceptable) of | the registered agent is: | | |
| Name: | JOSE LUIS GARCIA GODOS | | | |
| Address: | 9654 SW 138th AVE | | | |
| | MIAMI, FL 33186 | | | |
| ARTICLE VII | INCORPORATOR | | ₽o | <u></u> |
| The name and ac | Idress of the Incorporator is: | | SA SA | FEB |
| Name: | JOSE LUIS GARCIA GODOS | | ASSAT | 8 22 |
| Address: | 9654 SW 138th AVE | | H _C | ř |
| 71001033. | MIAMI, FL 33186 | | - STAT | = |
| Having been nan | ned as registered agont to accept service of process am familiar with and accept the appointment as reg | for the above stated co istered agent and agree | prporation at the place design to act in this capacity | on nated in |
| ins congresse, 1 | 02/19/2013 | | | |
| | Required Signature/Registered Agent | | Date | |
| I submit this doc | ument and affirm that the facts stated herein are of Department of Style constitutes a third degree felon | true. I am aware that to was provided for in s.8) | the false information submit 17.155; F.S. | tted in a |
| | 02/19/2013 | | 3 | |
| | Required Signature/Incorporator | | Date | |
| | | | | |

Name and Title:______ Name and Title:_____