

P13000048220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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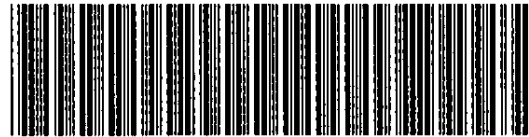
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF CALIF
TALLAHASSEE, FL 32309

T. Burch JUN 4 2013
T. Burch

pa

COVER LETTER

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

SUBJECT: MONROE COMFORT AIR, 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: BILL HERD
Name (Printed or typed)

58234 OVERSEAS HWY.
Address

MARATHON FLORIDA 33050
City, State & Zip

305 289 0747
Daytime Telephone number

billherdair@bellsouth.net
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: MONROE COMFORT AIR, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

58234 OVERSEAS Hwy
MARATHON, FLORIDA.
33050

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN THE
CONTRACTING, OF REPAIR, INSTALLATION AND
SALES OF HEATING, VENTILATION, AIR CONDITIONING,
AND REFRIGERATION.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BILL HORN Name and Title: PRESIDENT

Address 58234 OVERSEAS Hwy Address: _____
MARATHON FL. _____
33050 _____

Name and Title: BILL HORN Name and Title: VICE PRESIDENT

Address _____ Address: _____

Name and Title: BILL HORN Name and Title: SECRETARY

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

Name and Title: BILL HERD Name and Title: TREASURER

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BILL HERD

Address: 58234 OVERSEAS Hwy
MARTIN FL. 33050

ARTICLE VII INCORPORATOR

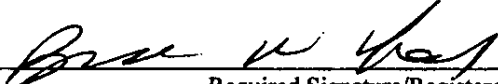
The name and address of the Incorporator is:

Name: BILL HERD

Address: 58234 OVERSEAS Hwy
MARTIN FL. 33050

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SECRETARY OF STATE
TALLAHASSEE, FL

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

5/28/13
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

5/28/13
Date