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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
REFI SUPPLY CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$70.00

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COVER LETTER

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

SUBJECT: REFI SUPPLY CORP
(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: PAUL JASINSKI
Name (Printed or typed)

5960 NW 99 Ave #3
Address

DORAL FL 33178
City, State & Zip

305-984-5277
Daytime Telephone number

PAJAS@bellsouth.net
E-mail address: (to be used for future annual report notification)

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

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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: REFI SUPPLY CORP

ARTICLE II PRINCIPAL OFFICE
Principal street address

5960 NW 99 AVE UNIT 3
DORAL FL 33178

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: SALES AND SERVICE OF AIR CONDITIONING AND REFRIGERATION AND RELATED BUSINESS FOR PROFIT

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JESUS SALAMON HADID — Name and Title: P D
Address: 5960 NW 99 Ave Unit 3 DORAL FL 33178 — Address:

Name and Title: JESUS ANTINIO HADID — Name and Title: V.P, T, D
Address: 5960 NW 99 Ave Unit 3 DORAL FL 33178 — Address:

Name and Title: — Name and Title:
Address: — Address:

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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: PAUL JASINSKI

Address: 5960 NW 99 Ave UNIT 3

DORAL FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAUL JASINSKI

Address: 5960 NW 99 Ave UN. 3

DORAL FL 33178

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

Paul Jasinski — 1/22/14

Required Signature/Registered Agent — 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.

Paul Jasinski — 1/22/14

Required Signature/Incorporator — Date

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