

PH000033345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Carlos Pichs GAVE

AUTHORIZATION BY PHONE TO

CORRECT Shares

DATE 4/15/14

DOC. EXAM. Jessica Fason

Office Use Only



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03/26/14--01006--002 \*\*105.00

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W14-19258

**COVER LETTER**

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

**SUBJECT: ICA Air Conditioning, 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: Carlos Alberto Pichs Alvarez**

Name (Printed or typed)

**6280 SW 37 street # 1**

Address

**Davie, FL 33314**

City, State & Zip

**(954)410-5672**

Daytime Telephone number

**c.pichs@yahoo.com**

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

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

RECEIVED

14 APR -7 PM 12:50

TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2014

CARLOS ALBERTO PICHES ALVAREZ  
6280 SW 37 ST #1  
DAVIE, FL 33314

SUBJECT: ICA AIR CONDITIONING, INC.  
Ref. Number: W14000019658

We have received your document for ICA AIR CONDITIONING, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 914A00006616

**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: ICA Air Conditioning, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6280 SW 37 Street # 1

Davie, Fl 33314

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: All Purpose Air Conditioning and heating

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Carlos Pichs - President

Name and Title: \_\_\_\_\_

Address 6280 SW 37 Street # 1

Address: \_\_\_\_\_

Davie, Fl 33314

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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14 APR - 7 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(conti.)

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: Carlos Pichs

Address: 6280 SW 37 Street # 1

Davie, F 33314

**ARTICLE VII INCORPORATOR**

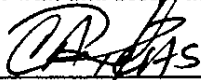
The name and address of the Incorporator is:

Name: Carlos Pichs

Address: 6280 SW 37 Street # 1

Davie, FI 33314

*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*

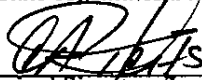


\_\_\_\_\_  
Required Signature/Registered Agent

03/17/2014

\_\_\_\_\_  
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

03/17/2014

\_\_\_\_\_  
Date

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14 APR - 7 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA