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| PICK-UP | WAIT | MAIL |
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| (Do | ocument Number) | |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

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

Tallahassee, FL 32314 ALL AROUND AIR CONDITIONING 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 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee, Filing Fee Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED AROLDO HERNANDEZ Name (Printed or typed) 324 E 12 ST Address HIALEAH FLORIDA 33010 City, State & Zip 786-251-0036

AROLDITO39@YAHOO.COM

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

Daytime Telephone number

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 corpora | tion shall be: ALL AROUND AIR | CONDITIONING C | ORP | |
|---|--|---|------------------|--|
| ARTICLE II PRINCIPAL OFFICE Principal street address AROLDO HERNANDEZ 324 E 12 ST | | Mailing address, if different is: | | |
| | | O/ (IVIL | | |
| HIALEAH F | | | | |
| ************************************** | | CAL DIJENSE IN THE | STATE OF ELODIDA | |
| The purpose for which t | he corporation is organized is: | SAL BOSINES IN THE | STATE OF FLORIDA | |
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| | | | 25 | |
| ARTICLE IV SHA | ARES 4 | | ~ 20 | |
| ARTICLE IV SHA The number of shares of | stock is: | | PHI2: 46 | |
| | TIAL OFFICERS AND/OR DIRECTO | <u>rs</u> | の一般 | |
| Name and Title | AROLDO HERNANDEZ | Name and Title: | | |
| Address | 324 E 12 ST | Address: | | |
| 11001000 | HIALEAH FL 33010 | | | |
| | PRESIDENT | | | |
| | | | | |
| Name and Title | | | | |
| Address | | Address: | | |
| | ************************************** | | | |
| | | | | |
| Name and Title | <u>:</u> | _ Name and Title: | | |
| Address | | Address: | | |
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| Name and | d Title: | Name and Title: | - |
|---------------------------------|--|--|----|
| Address | | Address: | |
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| | | | |
| ARTICLE VI | REGISTERED AGENT | | |
| The name and Fl | orida street address (P.O. Box NOT acceptable) o | of the registered agent is: | |
| Name: | AROLDO HERNANDEZ | <u>.</u> | |
| Address: | 324 E 12 ST | , w | |
| | HIALEAH FL 33010 | VISIO NI SEC | |
| | | APR | |
| ARTICLE VII | INCORPORATOR | 25 or 12 co | |
| The name and ad | dress of the Incorporator is: | | |
| Name: | AROLDO HERNANDEZ | - 12: | 4 |
| Address: | 324 E 12 ST | | • |
| | HIALEAH FL 33010 | _ | |
| | 1 | | |
| | ned as registered agent to accept service of process im familiar with ond accept the appointment as rej | is for the above stated corporation at the place designated | in |
| inis certificate, 1 d | im jamutar with und accept the appointment as rej | | |
| | Carrier 1 | 04-22-2014 | |
| | Required Signature/Registered/Agent | Date | |
| I submit this document to the l | ument and affirm that the facts stated herein are Department of State constitutes of third degree felor | e true. I am aware that the false information submitted in ny as provided for in s.817.155, F.S. | a |
| | aff | 04-22-2014 | |
| | Required Signature/Incorporator | Date | • |