

P/4000045235

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000120325 3)))



H140001203253ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From: Account Name : EXPRESS CORPORATE FILING
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

FILED
14 MAY 24 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****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
MOE'S AIR CONDITIONING INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
14 MAY 21 PM 2:24
TALLAHASSEE, FLORIDA

03/22/14

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:

MOE'S AIR CONDITIONING INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6820 NW 9th CT**MARGATE, FL 33063****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**AIR CONDITIONING REPAIR, NEW EQUIPMENT INSTALLATION, REFRIGERATION FOR
COMMERCIAL AND RESIDENTIAL.****ARTICLE IV SHARES**

The number of shares of stock is:

100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **FERNANDO M. ORUE (P/D)**

Address

6820 NW 9th CT**MARGATE, FL 33063**

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

FILED
14 MAY 21 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

Name and Title: FERNANDO M. ORUE

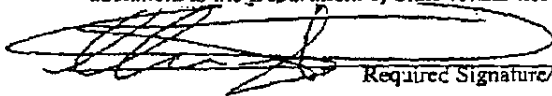
Name and Title: _____

Address: 6820 NW 9th CT
MARGATE, FL 33063Address: _____

_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: FERNANDO M. ORUEAddress: 6820 NW 9th CT.MARGATE, FL 33063**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: FERNANDO M. ORUEAddress: 6820 NW 9th CTMARAGATE, FL 33063FILED
14 MAY 21 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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/Registered Agent

May 20, 2014

Date

ARTICLE VI REGISTERED AGENT

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

Name: Hiram Hazley

Address: 2718 Wilder Reserve Drive

Plant City, FL 33566

2014 MAY 21 PM 4:25

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Faye Dowdell

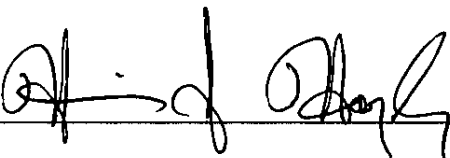
Address: 4746 – 17th Avenue South

St. Petersburg, FL 33711

ARTICLE VIII DISSOLUTION

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for future purpose.

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

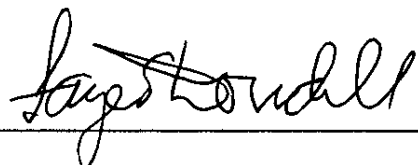


Required Signature of Registered Agent

May 19, 2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

May 19, 2014

Date