

P 14000084864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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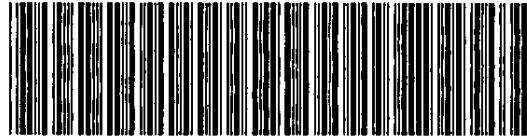
(Business Entity Name)

(Document Number)

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

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14 OCT 14 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*J* 10/15/14

**COVER LETTER**

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

**SUBJECT:** Southern Coastal PTAC Services, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                            & Certificate of  
                            Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Rafael Toledo, Jr.  
Name (Printed or typed)

1475 Steeplechase Lane  
Address

Deltona, Florida 32725  
City, State & Zip

407-257-2708  
Daytime Telephone number

rtoledojr@me.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**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: Southern Coastal PTAC Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1475 Steeplechase Lane

Deltona, FL 32725

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

**ARTICLE IV SHARES 7500**

The number of shares of stock is: 7500

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

Name and Title: Rafael Toledo, Jr.- Director

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

Address 1475 Steeplechase Lane  
Deltona, FL 32725

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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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:

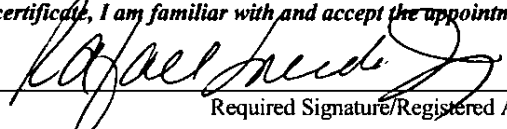
Name: Rafael Toledo, Jr.  
Address: 1475 Steeplechase Lane  
Deltona, FL 32725

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

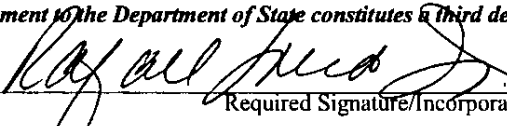
Name: Rafael Toledo, Jr.  
Address: 1475 Steeplechase Lane  
Deltona, FL 32725

*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

10-10-14  
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

10-10-14  
Date

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