

P/40000 98667

(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:

Office Use Only



700267128627

12/05/14--01009--023 **87.50

FILED
14 DEC -5 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 1 0 2014

S. GILBERT

COVER LETTER

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

SUBJECT: Sunny Day Air Conditioning LLC
(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: Donald Bowie Elkins
Name (Printed or typed)

8511 Foxcroft Drive
Address

Tampa, Florida, 33615
City, State & Zip

813-300-6896
Daytime Telephone number

Sunny Day AC.com
E-mail address: (to be used for future annual report notification)

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: Sunny Day Air Conditioning INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8511 Foxcroft Drive
Tampa Florida 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Air Conditioning Service,
repairs and Installations, The business will
solely be a Air Condition service business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donald Bowie Elkins Name and Title: _____

Address 8511 Foxcroft Drive Address: _____

Tampa Florida, 33615

Full owner - P

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
14 DEC -5 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Donald Bowie Elkins

Address: 8511 Foxcroft Drive

Tampa, Florida, 33615

ARTICLE VII INCORPORATOR

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

Name: Donald Bowie Elkins

Address: 8511 Foxcroft Drive

Tampa, Florida, 33615

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

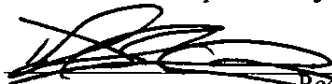


Required Signature/Registered Agent

11-20-2014

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

11-20-2014

Date