

P15000027109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

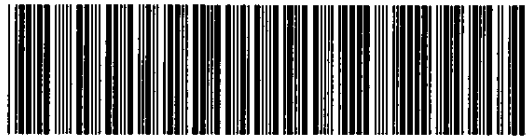
(Business Entity Name)

(Document Number)

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

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15 MAR 18 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

V/H



## COVER LETTER

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

**SUBJECT:** O'Brien's Quality A/C & Construction, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

 \$78.75	 \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Matthew James O'Brien  
Name (Printed or typed)

617 Harney Heights Rd  
Address

Geneva, FL. 32732

407-671-1247

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Daytime Telephone number

**mobrienair@yahoo.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: O'Brien's Quality A/C & Construction, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

617 Harney Heights Rd  
Geneva, FL. 32732

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to repair and replace existing and and new construction air conditioning systems and dcut work

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Matthew James O'Brien-President

Address 617 Harney Heights Rd  
Geneva, FL. 32732

Name and Title: Melanie Diane O'Brien- vise-President

Address: 617 Harney Heights Rd  
Geneva, FL. 32732

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

15 MAR 18 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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AND  
FILED

(conti.)

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

Name and Title: 15 MAR 18 PM 4:23

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Matthew James O'Brien

Address: 617 Harney Heights Rd  
Geneva, FL. 32732

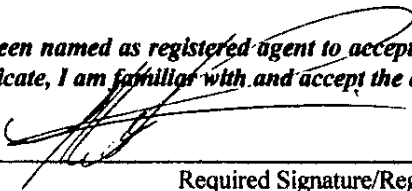
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Matthew James O'Brien

Address: 617 Harney Heights RD.  
Geneva, FL. 32732

*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*

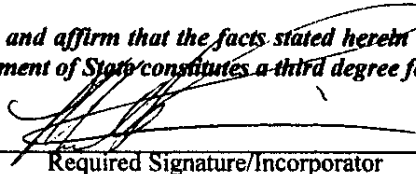


Required Signature/Registered Agent

Feb. 25, 2015

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

Feb. 25, 2015

Date