P15000040106

(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

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04/13/15--01035--012 **78.75

15 MAY -4 PM 1:50

W15-26098

MD 5/5

COVER LETTER

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

SUBJECT: Cool Seasons Air Conditioing and Heating
(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 Filing Fee	■ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: John P. Yaman
Name (Printed or typed)

915 Seminole Blvd.
Address

Tarpon Springs, FL. 34689
City, State & Zip

727-433-0117
Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2015

JOHN P. YAMAN
915 SEMINOLE BLVD.
TARPON SPRINGS, FL 34689

SUBJECT: COOL SEASONS AIR CONDITIONING AND HEATING
Ref. Number: W15000026098

We have received your document for COOL SEASONS AIR CONDITIONING AND HEATING and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 715A00007481

COVER LETTER

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

SUBJECT: Cool Seasons Air Conditioning and Heating, 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 Filing Fee	■ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

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Daytime Telephone number

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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: Cool Seasons Air Conditioning and Heating, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

915 Seminole Blvd.
Tarpon Springs, FL. 34689

Mailing address, if different is:

15 MAY -4 PM 1:58

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: for tax purposes only

ARTICLE IV SHARES
The number of shares of stock is: 100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John P. Yaman, President, Treasurer
Address: 915 Seminole Blvd
Tarpon Springs, FL. 34689

Name and Title: Jenny Cathy Yaman, Secretary
Address: 915 Seminole Blvd.
Tarpon Springs, FL. 34689

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

15 MAY -4 PM 1:58

ARTICLE VI REGISTERED AGENT

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

Name: John P. Yaman

Address: 915 Seminole Blvd.

Tarpon Springs, FL. 34689

ARTICLE VII INCORPORATOR

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

Name: John P. Yaman

Address: 915 Seminole Blvd.

Tarpon Springs, FL. 34689

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

John Yaman

Required Signature/Registered Agent

4-10-15

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.

John Yaman

Required Signature/Incorporator

4-10-15

Date