

P15000048197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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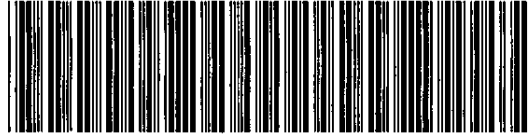
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 MAY 27 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*COJ
eff 5/25

6/2/15

COVER LETTER

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

SUBJECT: Air Conditioning Xperts of South Florida, 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

ADDITIONAL COPY REQUIRED

FROM: Heather Preston
Name (Printed or typed)

615 Phippens Waiter Road
Address

Dania, Florida 33004
City, State & Zip

770-560-3869
Daytime Telephone number

heather@404cooling.com
E-mail address: (to be used for future annual report notification)

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

eff 5/25

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: Air Conditioning Xperts of South Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
615 Phippens Waiter Road
Dania, Florida 33004

Mailing address, if different is:
2140 McGee Road Suite 3400
Snellville, Georgia 30078

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Air conditioning services

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 10000

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chris Allen, President

Name and Title: _____

Address 3655 Hewatt Court, Suite A
Snellville, Georgia 30039

Address: _____

Name and Title: Heather Preston, Vice President

Name and Title: _____

Address 2140 McGee Road, Suite 3400
Snellville, Georgia 30078

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Harold L Gentry

Address: 4642 Hammock Ridge Drive

Mulberry, Florida 33860

ARTICLE VII INCORPORATOR

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

Name: Michael S Fussell

Address: 2897 North Druid Hills Road, Suite 156

Atlanta, Georgia 30329

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/25/2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Harold Gentry
Required Signature/Registered Agent

5-25-15
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.

M Fussell
Required Signature/Incorporator

5-25-15
Date