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COVER LETTER

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

nclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for
□ \$70.00	▼ \$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED

FROM: Temacl Hernandez Rodriguez

Name (Printed or typed)

102 Sweet Gum ct
Address

San ford, FL, 32773

City, State & Zip

321-557-6083

Daytime Telephone number

Heating Air Services @ Gmail. 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)

CLE I NAME me of the corpora	tion shall be: Dynamic 1	Heating And	Air Inc 15	UIN 17 Du
CLEII PRINC D2 Sweet	CIPAL OFFICE Principal street address Gom = +		Mailing address, if different is:	ETARY OF SI
CLE III PURP			businass	
imber of shares of	stock is: 100 AL OFFICERS AND/OR DIRECTOR	_		
imber of shares of	stock is: 100	Jame and Title:		
umber of shares of CI.E V INITIA Name and Title Address	Stock is: 100 ALOFFICERS AND/OR DIRECTOR Fresident: Is much the	Address:		
Name and Title Address Name and Title Address	Stock is: 100 ALOFFICERS AND/OR DIRECTOR Fresident: Is much Ho 102 Sweet Gum ct Sun ford FL. 3277	Name and Title: Address: Name and Title: Address:		

Name and Title:	Name and Title:
Address	Address:
	
	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)	e) of the registered agent is:
Name: Ismael Hernandez	—————————————————————————————————————
Address: 102 Sweet Gum ct	
Sanford FL 32773	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Ismael Hemandez	~~~ N
Address: 102 Sweet Gum c+	<u></u>
Sanford FL 32773	<u>}</u>
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 6/5/15 (If an effective date is listed, the date must be specific and cardays after the filing.)	(OPTIONAL) nnot be more than five business days prior or 90 business
Note: If the date inserted in this block does not meet the applica the document's effective date on the Department of State's record	
Having been named as registered agent to accept service of pro- this certificate. I am familiar with and accept the appointment as	
have	6/5/15
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degree fe	
land .	
Required Signature/Incorporator	