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(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
·				

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* Jan

COVER LETTER

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

SUBJECT:	Duct Time Incorporated				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:		
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate o Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:		Stokes (Printed or typed)			
		27th street			
	A	Address			
	Sunrise,	FL 33313			
***************************************	City,	State & Zip			
	754-234	4-1448			
·····	Daytime To	elephone number			
		s33023@yahoo.com			
E-mail address: (to be used for future annual report notification			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 corpora	tion shall be:	Duct Time Incorpora	ted
ARTICLE II PRINC			Mailing address, if different is:
6461 NW 27th Street			
Sunrise, FL 33313			
ARTICLE III PURPO The purpose for which t	OSE Heatin he corporation is organized is:	g, Ventilation, Air Co	nditioning sales and repair services
			22. 15
			925 G
****			- 第一章 第一章 - 第二章
The number of shares of ARTICLE V INITIA Name and Title	AL OFFICERS AND/OR DIRECTORS Christopher J. Fearing, Owner	Name and Title	
Address	6461 NW 27th Street	Address:	6461 NW 27th Street
	Sunrise,FL 33313		Sunrise, FL 33313
Name and Title		Name and Title	•
Address		Address:	
Name and Title:		Name and Title	•
Address		Address:	

Name ai	nd Title:	Name and Title:
Addres	ss	Address:
	REGISTERED AGENT	N Cal
i ne <u>name and r</u>	Florida street address (P.O. Box NOT acceptable) Jennifer L. Stokes	e) of the registered agent is:
Name:	Jennier E. Stokes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Address:	6461 NW 27th Street	
	Sunrise, FL 33313	
		
ARTICLE VII	INCORPORATOR	
The <u>name and a</u>	address of the Incorporator is:	
Name:	Jennifer Stokes	
Address:	6461 NW 27th Street	
	Sunrise, FL 33313	
ARTICLE VIII	EFFECTIVE DATE;	
Effective date, if	f other than the date of filing:	(OPTIONAL)
(If an effective of days after the fi	date is listed, the date must be specific and can	nnot be more than five business days prior or 90 business
		ble statutory filing requirements, this date will not be listed as
the document's e	effective date on the Department of State's record	ls.
Having heen na	med as registered agent to accept service of proc	cess for the above stated corporation at the place designated in
this certificate, I	am familiar ofth and accept the appointment as i	registered agent and agree to act in this capacity
	*4	0/1/0/15
	Required Signature/Registered Agent	Date
I culturit thin do	$\langle \cdot \rangle$	are true. I am aware that the false information submitted in a
document to the	Department of State constitutes a third degree fel	tre true. I am aware that the jaise information submitted in a clony as provided for in s.817.155, F.S.
	X	1 1
Regu	uired Signature/Incorporator	06 10/15

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