

P15000083009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

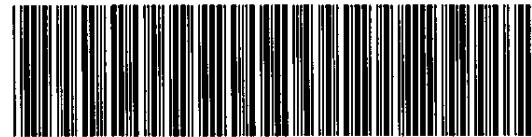
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/05/15--01026--011 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 OCT - 5 AM 11:13

EFFECTIVE DATE 10/01/15

10/08/15

COVER LETTER

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

SUBJECT: Keys Breeze Maintenance & Repairs
(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: Monica Castillo
Name (Printed or typed)

25121 Center St.
Address

Summerland Key, FL 33042
City, State & Zip

305-1084-2163
Daytime Telephone number

mcastillo1479@aol.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:

Keys Breeze Maintenance & Repairs, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

25121 Center St.
Summerland Key, FL 33042.

same.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Maintenance and repair
for HVAC systems and refrigeration

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SECRETARY OF STATE

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Monica Castillo Owner Name and Title: _____

Address: 25121 Center St. Address: _____
Summerland Key FL
33042 (Owner)

Name and Title: _____ Name and Title: _____

Address: _____ 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: Monica Castillo
Address: 25121 Centur St.
Summerland Key Fl. 33042

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Monica Castillo
Address: 25121 Centur St.
Summerland Key Fl. 33042

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DIVISION OF CORPORATION.

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10-1-2015 (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

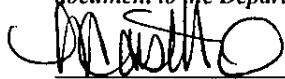


Required Signature/Registered Agent

10/1/15

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.



Required Signature/Incorporator

10/1/15

Date