

P16000034981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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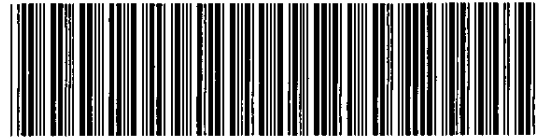
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/15/16--01021--026 **78.75

2016 APR 15 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
744
4-20-16

COVER LETTER

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

SUBJECT: Air Conditioning Repair 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: William Snyder Jr.
Name (Printed or typed)

808 East Gate Dr.
Address

Safety Harbor FL 34695
City, State & Zip

727-470-3082
Daytime Telephone number

wsnyder911@yahoo.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: Air Conditioning Repair Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

808 East Gate DR.
Safety Harbor, FL. 34695

808 East Gate DR.
Safety Harbor, FL.
34695

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide service
to society in need of Air Conditioning
Repair.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William T. Snyder JR. Owner/President Name and Title: _____

Address: 808 East Gate DR. Address: _____
Safety Harbor, FL.
34695

Name and Title: Bill Snyder VICE President Name and Title: _____

Address: 808 East Gate DR. Address: _____
Safety Harbor, FL.
34695

Name and Title: Tyler Snyder Treasurer Name and Title: _____

Address: 808 East Gate DR. Address: _____
Safety Harbor, FL.
34695

SECRETARY
TALLAHASSEE, FLORIDA
12 APR 15 PM 4:00

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: William Snyder

Address: 808 East Gate DR.
Safety Harbor, FL 34695

ARTICLE VII INCORPORATOR

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

Name: William Snyder

Address: 808 East Gate DR.
Safety Harbor, FL 34695

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

William Snyder
Required Signature/Registered Agent

4/11/2015
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.

William Snyder
Required Signature/Incorporator

4/11/2015
Date