

P160000041975

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(Business Entity Name)

(Document Number)

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16 MAY 13 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1115-30254

MD 5/16

## COVER LETTER

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

SUBJECT: **Ricks AC Incorporated**

(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: **Julie J. Magill**

Name (Printed or typed)

**2006 N. Howard Ave.**

Address

**Tampa, FL 33607**

City, State & Zip

**813-239-2233**

Daytime Telephone number

**jjm1363@yahoo.com**

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 29, 2015

JULIE J. MAGILL  
2006 N.HOWARD AVE.  
TAMPA, FL 33607

SUBJECT: RICKS AC INCORPORATED  
Ref. Number: W15000030254

We have received your document for RICKS AC INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 615A00008761

**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: Ricks AC Incorporated

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

2006 N. Howard Ave.

Tampa, FL 33607

Mailing address, if different is:

PO Box 152826

Tampa, FL 33684

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CLERK OF DISTRICT COURT  
HILLSBORO, FLORIDA

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Air Conditioning Contracting

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Julie Magill President

Address: 2006 N. Howard Ave.  
Tampa, FL 33607

Name and Title: Farid Ocampo Secretary

Address: 12712 Hampton Park Bv.  
Tampa, FL 33624

Name and Title: Albert Farradaz Vice President

Address: 409 Green Arbor Dr.  
Brandon, FL 33511

Name and Title: Yosniel Diaz Treasurer

Address: 7003 N. Clark Ave.  
Tampa, FL 33614

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

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: Julie Magill

Address: 2006 N. Howard Ave.

Tampa, FL 33607

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Julie Magill

Address: 2006 N. Howard Ave.

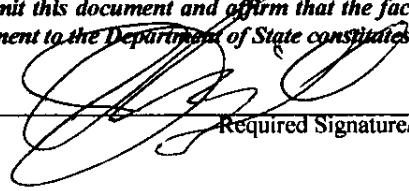
Tampa, FL 33607

*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

4-21-15  
\_\_\_\_\_  
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

4-21-15  
\_\_\_\_\_  
Date

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16 MAY 13 AM 8:42  
TAMPA, FLORIDA