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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

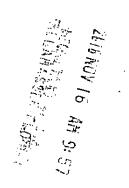
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COVER LETTER

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

JUDULE:	E Heating INC ATE NAME - MUST INCLUDE SUFFIX)		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:			
S70.00 S78.75 Filing Fee & Certificate of Status	S78.75 S87.50 Filing Fee Filing Fee. & Certified Copy Certificate Of Status ADDITIONAL COPY REQUIRED		
FROM: Margaret L. SCRIE	NER & Dennis SCRIBNER		

Daytime Telephone number

Maggiela guerre & Gm cirl. Lom.

Manual address: (to be used for funce 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:	Cooling & Heating Inc
ARTICLE II PRINCIPAL OFFICE Principal street address 1912 Jasmine 152004	Mailing address, if different is: - Cincle
Land OLAKES FL 30	<u> </u>
ARTICLE III PURPOSE The purpose for which the corporation is organized Service Installa	tun
	22
	NOV 16
	### ### ### ### ### #### #############
ARTICLE IV SHARES The number of shares of stock is:	्री प
ARTICLE V INITIAL OFFICERS AND/OR I	<u>DIRECTORS</u> (nib NGN Name and Title: VI CE President,
Address 19812 Jac Circle	Amme Blook Address:
Land OLAK	ES FL 34638
Name and Title: DENNIS R S	ERIBNER Name and Title: Mesident
Address 98 D. Jasmi	ne Brook Address:
land DLA	KES FL 34638
Name and Title:	Name and Title:
Address	Address:

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	A BOY
The name and Florida street address (P.O. Bo	x NOT acceptable) of the registered agent is:
AFNOVIS A	Scotholen
Address: 18 12 Jasmi Land o LNKE	ne Brook Circle 5 FL 34638
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Margaret L. S	CRIBNER and DENNIS R. SCRIBNER
Address: <u>Lang OLF</u>	CKIBNER and DENNIS R. SCRIBNER Fraine Brook circle OKES FL 34638
	. (OPTIONAL) e specific and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does no the document's effective date on the Department	t meet the applicable statutory filing requirements, this date will not be listed as not of State's records.
Having been named as registered agent to acc this certificate, I am familiar with and accept the	ept service of process for the above stated corporation at the place designated in by appointment as registered agent and agree to act in this capacity
Required Signature/I	Scale 11/11/2016 Registered Agent Date
	cts stated herein are true. I am aware that the false information submitted in a ss a third degree felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	Market 11/11/2016
require organies incombiditi	, , , , , , , , , , , , , , , , , , ,