

P/7000047352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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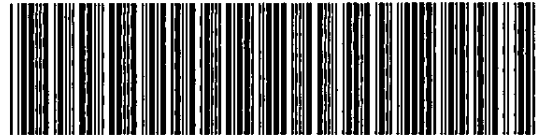
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/31/17

COVER LETTER

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

SUBJECT: Affordable Refrigerant Recycling Solutions, 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: Anthony Cavallo

Name (Printed or typed)

173 N cleary Road Unit D-3

Address

West Palm Beach FL 33413

City, State & Zip

561-968-4433

Daytime Telephone number

ac@arrsinc.net

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

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

Department of State
New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Affordable Refrigerant Recycling Solutions, Inc.

As of 5-1-17 I release my company name Affordable Refrigerant Recycling
Solutions, Inc.

Thank You.

Anthony Cavallo

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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: Affordable Refrigerant Recycling Solutions, inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

173 N Cleary Road unit D-3

West Palm Beach, FL 33413

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Mobile refrigerant recovery services

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony Cavallo/Pres Name and Title: _____

Address 173 N Cleary Road Address: _____

Unit D-3 _____

West Palm Beach, FL 334143 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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: Anthony Cavallo

Address: 173 N Cleary Road Unit D-3

West Palm Beach, FL 33413

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anthony Cavallo

Address: 173 N Cleary Road Unit D-3

West Palm Beach, FL 33413

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PALM BEACH, FLORIDA

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 days prior or 90 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

5-26-17
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

5-26-17
Date