

7/12/2018

Division of Corporations

PL800060795

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000203113 3)))



H18000203113ABCT

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

18 JUL 12 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**FLORIDA LIMITED LIABILITY CO.
A/C & MORE DISTRIBUTORS INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED
2018 JUL 12 PM 3:03
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

(74)

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Corporate Filing Menu

Help

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: A/C & MORE DISTRIBUTORS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3301 SW ISLAND WAY

3301 SW ISLAND WAY

PALM CITY, FL 34991

PALM CITY, FL 34991

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DISTRIBUTOR OF HVAC EQUIPMENT

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LYNN JENSEN - DIRECTOR

Name and Title: _____

Address PO BOX 1845

Address: _____

PALM CITY, FL 34991

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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18 JUL 12 AM 8:02
SECRETARY OF STATE
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: LYNN JENSEN
Address: 3301 SW ISLAND WAY
PALM CITY, FL 34991

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LYNN JENSEN
Address: PO BOX 1845
PALM CITY, FL 34991

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

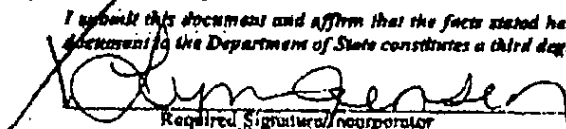


Required Signature/Registered Agent

7/12/18

Date

I hereby certify 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.817.135, F.S.



Required Signature/Incorporator

7/12/18

Date