

PI8000 101242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

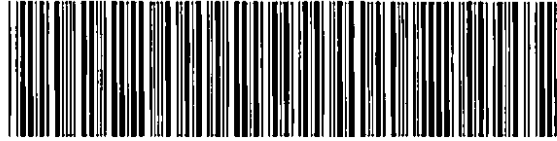
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DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DEC 17 PM 4:53

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Heat Management Services 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: SUZANNE SCHWARTZ TUCKER
Name (Printed or typed)

9520 North West 200th Road
Address

~~MIAMI~~ MIAMI, FL 32667
City, State & Zip

352-216-6345
Daytime Telephone number

Heatmanagementservices@gmail.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: Heat MANAGEMENT SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9520 NORTHWEST 200th ROAD
MICANOPY, FL 32667

SAME.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Service company, Heat
Treating.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SUZANNE SCHWARTZ TUCKER President Name and Title: _____

Address: 1580 EAST HWY 36 Address: _____
CITRA, FL 32113

Name and Title: BYRON FORD Vice President Name and Title: _____

Address: 1862 PEACOCK LANE Address: _____
ATMORE, AL 36502

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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2018 DEC 17 PM 1:36
SECRETARY OF STATE
ALABAMA

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: SUZANNE SCHWARTZ TUCKER

Address: 1580 EAST HWY 316
CITRA, FL 32113

ARTICLE VII INCORPORATOR

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

Name: SUZANNE SCHWARTZ TUCKER

Address: 1580 EAST HWY 316
CITRA, FL 32113

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

[Signature]

Required Signature/Registered Agent

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2018 DEC 17 PM 1:36
12/17/18
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.

[Signature]

Required Signature/Incorporator