8/31/22, 4:58 PM Division of Corporations

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Florida Department of State
Division of Corporations

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Account Number : I20140000089
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FLORIDA PROFIT/NON PROFIT CORPORATION
COLD LIFE AC SERVICES CORP

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D. O'KEEFE
SEP - 2 2022

COVER LETTER

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

SUBJECT: COLD LIFE AC SERVICES CORP
(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: JULIANA MACHADO, CPA
Name (Printed or typed)

11764 W SAMPLE RD STE 102
Address

CORAL SPRINGS, FL 33065
City, State & Zip

754-301-2128
Daytime Telephone number

INFO@GFSTAXACCT.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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

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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: COLD LIFE AC SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
4165 NW 90TH AVE APT 202
CORAL SPRINGS, FL 33065

Mailing address, if different is:
4165 NW 90TH AVE APT 202
CORAL SPRINGS, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Henrique Rodrigues Alves Oliveira - President
Address: 4165 NW 90TH AVE APT 202
CORAL SPRINGS, FL 33065

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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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: Henrique Rodrigues Alves Oliveira

Address: 4165 NW 90TH AVE APT 202

CORAL SPRINGS, FL 33065

ARTICLE VII - INCORPORATOR:

The name and address of the incorporator is:

Name: Gilvam F dos Santos

Address: 11764 W Sample Rd Ste 102

Coral Springs, FL 33065

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.

HENRIQUE RODRIGUES ALVES OLIVEIRA 08/29/22

Required Signature/Registered Agent 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.

8/30/22

Required Signature/Incorporator Date