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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION

COMFORT SYSTEMS A/C CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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CORPORATIONS

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

COMFORT SYSTEMS A/C CORP

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

6303 Blue Lagoon Dr Ste 420  
Miami, FL 33126

**ARTICLE III SHARES:** The number of shares of stock is:

100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Ronal Rodriguez Alpizar  
PRESIDENT

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Ronal Rodriguez Alpizar  
6303 Blue Lagoon Dr Ste  
420, Miami, FL 33126

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Ronal Rodriguez Alpizar  
6303 Blue Lagoon Dr Ste  
420, Miami, FL 33126

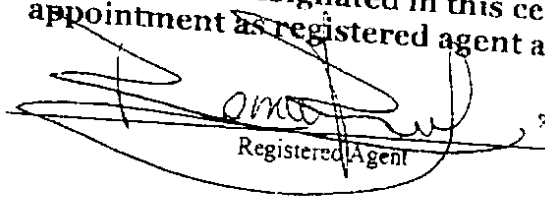
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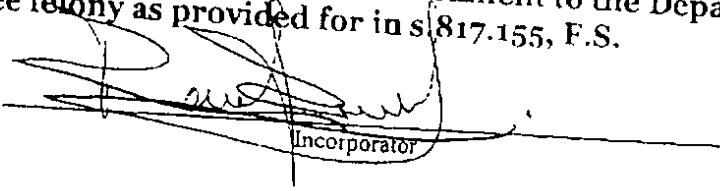
**Required Signatures:**

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

  
Registered Agent

08/09/2023  
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.

  
Incorporator

08/09/2023  
Date

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