P96000018445

TRANSMITTAL LETTER

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

SUBJECT: <u>S'+ S</u>	UNIVACEA C	A/C Henthus + m name - must include su	Roboscan his	u "INC	
•			-0	00001723 2/26/9601056 *****70.00 *****	007
Enclosed is an origina for :	l and one (1) co	py of the articles of	Incorporation ar	nd a check	
\$70.00 Filing Fee	#78.75 Filing Fee & Certificate	#122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
FROM:	Davio Nam	M. Stevaus e (printed or typed)			
	7250	Q W Joth Address	<u>.(}</u>	·	
		FC 3 44 24 ity, State & Zip 8/6 - 24/0	<u>/</u>	96 FEB 2 SECRETAS TALLAHAS	
		e Telephone number		ILED 26 PH 3-04 RY OF STATE SSEE, FLORIDA	· .

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

3/35/010 SMS/010

ARTICLES OF INCORPORATION FILED

96 FEB 26 PM 3.05

SECRETARY OF STATE TALLAMASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Floride Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

S+S Chowward A/C Heating & Redargenation INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7250 S.W. 10H. St. OCALA, FL. 34474

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares At \$1.00 por Share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DAVID M. Stevens 17250 S.W. 10 Hr. St. DONLA, FL. 34474

ARTICLE V INCORPORATOR(S)

The name(s) and street address(as) of the incorporator(s) to these Articles of incorporation is(are):

DAVIO M. Stevens 1250 S.W. 1018. St. Oonla, Fl. 34474

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5th day of Feb. 1996.

Signature

Signature

Articles of Incorporation Filing Fee \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is: S+S Civileres 12 A/C Healing +						
	Redigeration INC.						
2.	The name and address of the registered agent and office is:						
	DAVID M. Stevens	→ []	96 F				
	7250 S.W. 10th. St.		FEB 26	FILE			
	(P.O. Box <u>not</u> acceptable)	1 - 1	⊋ ♀	Ü			
	(City/State/Zip)	- □H	ა 9				

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DAVIO M. Stevens
(Signature)

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