LA ARUS ORE B 190 S.W. 97 MIAMI, FLORI City/State/	
	NAME(S) & DOCUMENT NUMBER(S), (if known):
1. TROPIC (Corp.) 2. (Corp.) 3. (Corp.)	Oration Name) (Document #) ODDDO21795505 -05/15/9701029030 oration Name) (Document #) oration Name) (Document #) oration Name) (Document #)
	Pick up time 2.00 Certified Copy Will wait Photocopy Certificate of Status AMENDMENTS
Profit	Amendment Resignation of R A. Officer/ Director
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger 5 5
OTHER FLINGS	TALCISTRATION MAY 15 4 BSB = 5
Annual Report	Foreign 1000
Fictitious Name	Limited Partnership
Name Reservation	Reinstalement Trademark Other
CR2E031(1/93)	Exaginer's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 15, 1997

LAZARUS

TALLAHASSEE. FL

SUBJECT: TROPICAL AIR SYSTEMS INC.

Ref. Number: W97000011336

We have received your document for TROPICAL AIR SYSTEMS INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Brenda Baker Corporate Specialist

Letter Number: 397A00026184

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA AIR HVAC SYSTEM INC.

ARTICLE II PRINCIPAL OFFICE

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

9025 NW 10 ST PEMBROKE PINES, FL 33024

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one 0.25

ONE HUNDRED SHARES (100) WITH FIVE DOLLARS (\$5.00) VALUE PER SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JESUS VALLEJO 9025 NW 10 ST PEMBROKE PINES, FL 33024

ARTICLE V INCORPORATOR(S) See instructions for officers / directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (aie)

JESUS VALLEJO, PRESIDENT 9025 NW 10 ST PEMBROKE PINES, FL 33024

The undersigned	d incorporator(s)	nas(have) execu	ted these Articles	of Incorporation this	
12_day of	MAY	, 19 <u>_97</u>			
	J	Jan (Signature	- Pac	dee!
			Signature		
	 ,		Signature		

Note: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGIESTERED OFFICE

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

1.	The name of the Corporation is:	FLORIDA AIR HVAC SYSTEM INC.					
		9025 NW 10 ST, PEMBROKE PINES, FL 330					
2.	The name and address of the registered agent and office is:						
		JESUS VALLEJO					
		9025 NW 10 ST					
		PEMBROKE PINES, FL 33024					
at i	the place designated in this certific act in this capacity. I further agree	and and to accept service of process for the above stated corporation ate, I hereby accept the appointment as registered agention at a comply with the provisions of all statutes relating the ses, and I am familiar with and accept the obligations of ALRY OF STATE O					

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314